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ABSTRACT

UNICEF's 1984-85 program review describes ongoing child health and nutrition programs and other community-based services for children. Specific attention is given to primary health care, child survival and development, and child nutrition, as well as to safe water supplies and sanitation, formal and nonformal education, urban community-based services, women's activities, childhood disabilities, and appropriate technology. Also discussed are program support activities, advocacy for children, and emergency relief and rehabilitation. Discussions are illustrated by program profiles from different countries, including Indonesia, Haiti, Colombia, Nigeria, Bangladesh, Tanzania, Mozambique, Malaysia, Nepal, Thailand, Jamaica, and Angola. UNICEF's income, commitments, and expenditure for 1984-85 are presented in charts, maps, and tables. Concluding materials provide an overview of the organization's philosophy, policies, methods of program cooperation, and supporting activities. Members of the executive board are listed. (RH)

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UNICEF Annual Report

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Introduction

by the Executive Director, James P. Grant

As I begin my second five-year term as UNICEF's third Executive Director, it's tempting to look back over what we have tried and what we have accomplished. But instead of cataloguing details, I'd like to review the basic tenets of what we're about.

When I first took office in January 1980, I shared with UNICEF's staff* some "first thoughts" about the future, drawn out of the experience of the past. I saw my period of administration as a time for making the most of UNICEF's long-standing and extraordinary capacity to pioneer, to experiment and apply the lessons of experience to the new and increasing demands upon its limited resources. My first thoughts were born out of a deep feeling for the responsibilities associated with UNICEF, its mission to lessen the vulnerability of children, and the grim fact that some 15.5 million children under five die each year, 12 to 13 million of whom would not have died had they been born in more developed countries.

The critical challenge that faced UNICEF was how to maintain and accelerate the rather substantial progress that had been achieved for children in the previous three decades. "The central issue for much of the world's population," I noted, "is still life itself–that is, sheer survival. Human survival is, after all, the necessary foundation for all other human development."

At the heart of this issue is the crucial distinction between the tragic "loud" emergencies–natural and man-made disasters–and the much larger "silent" emergencies–the hunger, malnutrition and lack of essential services which stem from abject poverty and which doom millions of children each year. I insisted then, as I insist today, that the worst aspects of absolute poverty *can* be overcome *if* more of us care and *if* more institutional structures and technologies are crafted that are relevant to the particular economic, social and political circumstances of different peoples.

UNICEF's financial resources, as considerable as they may seem in the poorer countries, are in fact limited–both in relation to needs and in relation to funds available from other sources. I challenged UNICEF to rely primarily upon helping others to make more effective use of their resources in meeting the most essential needs of children. In the poorer countries in particular, only programme approaches designed around the idea of family and community self-help permit the meeting of basic needs and the achievement of health for all by the end of the century.

The very limits of UNICEF's financial resources make it imperative that

UNICEF 1029/84/UNICEF Rangoon

James P. Grant, Executive Director, with children in Burma; one of the many countries he visited to advocate acceleration of the Child Survival and Development Revolution.

**and subsequently with the Executive Board, in E/ICEF/Misc.340/Rev.1*

UNICEF direct all its activities to the end results they are designed to achieve. The value of human survival itself dictates that all UNICEF activities should be tested against the contribution they make toward achieving, by the end of this century, such results as an infant mortality rate of no more than 50 deaths per thousand live births. Programmes clearly affecting survival rates should have the first claim on UNICEF's resources.

I also noted in January 1980 that UNICEF's very special capacities in certain fields had evolved through a holistic concern for children and their families. Over the previous decades, UNICEF had become increasingly involved not only in programmes that affect children directly, but in activities that benefit them indirectly by providing better health and education services to women, improving the economic productivity of poorer families, and increasing access to family planning. I proposed that priority should also be given to programmes such as these, which contribute significantly to improving the well-being of children by addressing family and community needs.

UNICEF is unique in the United Nations system in its capacity to relate to people at the grass roots level, in industrialized as well as developing countries. The efforts of the National Committees for UNICEF have been instrumental in realizing this. I urged that our people-to-people potential be enhanced not only because of the benefits it brings to children, but also because of the particular role UNICEF plays in the United Nations system as a whole. I also expressed my pleasure at the opportunity to work with an Executive Board known for its experience, support, and the great contributions it has made to the progress of UNICEF over the years.

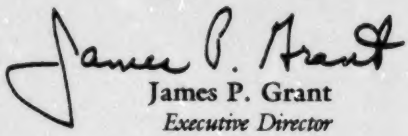
Finally, acknowledging that development progress is best achieved through approaches that recognize existing societal values and institutions, I committed UNICEF to further strengthening staff involvement with first-hand knowledge of local values and ways – including the hiring of more staff from developing countries, more women, and more young people.

In the ensuing five years we've attempted quite a lot. Sometimes we may have moved too rapidly. But risks are part of the pioneer's challenge, and the ability to learn from experience and move forward, one of the pioneer's laudable traits.

We've remained true to our original objectives and faithful to UNICEF's essential nature as an innovative, enthusiastic, and efficient champion of the needs and rights of children. The information presented in this *Annual Report* – the remarkable degree of success we've achieved in what we've attempted – is, I believe, convincing evidence of that consistency.

The potential for the Child Survival Revolution which UNICEF first articulated in its *State of the World's Children* report in December 1982 is clearly consistent with our objectives, deeply rooted in and made possible by UNICEF's tradition and experience, and a fitting commitment of UNICEF's energy, imagination, and influence as we move toward the 40th anniversary of the United Nations which assigned us our mandate of protecting and enhancing the most valuable of the world's resources: our children.

This *Annual Report* reviews the work which UNICEF has been doing to honour that tradition and fulfill that mandate.



James P. Grant
Executive Director

UNICEF 1984-85: a review

Last year, 1984, saw impressive acceleration in child survival and development action; examples are summarized in UNICEF's 1985 *State of the World's Children* report. Other UNICEF priorities, including the education of women and girls, self-reliant community-based services, and communication, are equally and integrally part of actions for child survival and development. This *Annual Report* provides a more comprehensive overview of programmes sector-by-sector, in the main areas supported by UNICEF. The positive developments, welcome as these are, should not distract attention from the difficult, and in some respects worsening, environment for children in which they took place.

After four years of deepening crisis, the world economy in 1984 began a slow recovery, but the situation varied tremendously from country to country and region to region. In much of the world, especially Africa and Latin America, the situation of children remained critical or even deteriorated.

In the developed market economies it appeared that average growth rates in per capita gross domestic product (GDP) would reach four per cent for 1984, the highest rate in eight years. A certain resumption of growth was also apparent in the centrally-planned economies of Eastern Europe, and in the People's Republic of China economic growth was unprecedented.

But the North American economic revival benefited only a limited number of developing countries, mostly the middle-income countries of east and southeast Asia, where growth averaged 2.5 per cent on a per capita basis. Expansion of production in the industrialized countries brought no improvement to the economies of the debt-ridden Latin American countries, where despite draconian stabilization measures and renegotiation of foreign loans, per capita GDP was estimated to have declined by about 0.7 per cent for the year.

The situation of children worsened most dramatically in Africa. By the end of 1984, some 30 million people were severely affected by famine resulting from drought and disruption. Declining prices of primary commodities, a strained external payment situation, and widespread crop failures resulted in an average decline in GDP per capita of about four per cent.

Among developing countries, short-term prospects remained precarious. Moreover, the global economic crisis of the past four years has resulted in major setbacks to child welfare not easy to repair. In several parts of the world, improvements in the situation of children came to a halt at the end of the 1970s, and signs of deterioration began to surface in 1983 and 1984. Resources to meet the needs of children have declined in most countries. Only in east and southeast Asia, as in the Republic of Korea, and in a few other countries such as India and Cuba, has social sector progress been steady.

The poorest households in most countries have seen falling family incomes and rising food prices severely affect the nutritional status of children. Declining social sector expenditures and foreign exchange shortages have severely hampered the maintenance and extension of services for health, water, sanitation, and housing, among others. Mostly, foreign exchange shortages have cut into imports of drugs, vaccines, pumps, kerosene, petrol, and spare parts. Without fuel and spare parts, even the little equipment available for health and other services soon stops functioning.

Scattered reports show that the combination of such factors has led to an increase in the infant mortality rate (IMR) in 1983 and 1984 in areas as diverse as Costa Rica, Peru, northeast Brazil, and the plantation sector of Sri Lanka. In addition, deaths have increased markedly over the past two years in the 22 African food emergency countries.

Data for 1983 and 1984 indicate that child and maternal malnutrition have been increasing in a wide range of

UNICEF 304/83/Murray-Lee

The situation of children worsened most dramatically in Africa and by the end of 1984 some 30 million people were severely affected by famine resulting from drought and disruption. A Mauritanian village buried by the sand.

countries, including the Philippines, Bolivia, Brazil, Costa Rica, Peru, Botswana, Ivory Coast, and Malawi. In 1983, a substantial increase was detected in the number of malnourished women in Chile. Even in a food-exporting country like Argentina, the economic crisis led to an increase in the number of children at risk. Ghana, according to data gathered by Catholic Relief Services, has seen, over the period 1980-83, an increase year-by-year in the rate of third-degree malnutrition among children 7 to 42 months of age.

These are sobering facts that should not be forgotten when considering the encouraging response in 1984 to efforts to extend child survival and development action.

This background notwithstanding, efforts to improve child survival and development by expanding and strengthening national action within the frame of primary health care have achieved considerable success. Progress was most rapid in the fields of immunization and oral rehydration therapy, with more modest gains in the promotion of breast-feeding and growth monitoring.

Increasingly in immunization and oral rehydration programmes, new channels of advocacy and support, including traditional political and community leaders, were brought into use. New channels of health delivery were also opened up, with several countries making use, for example, of volunteers from the League of Red Cross Societies, boy scouts and girl guides – as well as support from ministries and services beyond the formal sector. Mass media techniques increasingly sought not merely to motivate parents, but to do so by providing information that showed them how they might, themselves, carry out child health measures such as oral rehydration.

A number of heads of state gave strong backing to the imperative of reducing the rate of infant and child mortality. In Colombia, President Belisario Betancur initiated and mobilized support for, the successful immunization drive, plus a five-year programme of efforts to control diarrhoeal diseases and acute respiratory infections in young children, and increased attention to pregnant mothers and the nutritional status of women and children. President Suharto of Indonesia, in a speech given in April, stated that "high infant mortality will reflect a failure on our part in achieving equity in development and improving the welfare of people". Indonesia's new Five-Year Development Plan refers explicitly to the reduction of IMR and expansion of child survival and development programmes, despite slower economic growth. The late Prime Minister of India, Mrs. Indira Ghandi, addressing the Asian Forum of Parliamentarians in February 1984, said: "Parents are more likely to restrict their families if they have reasonable assurance of the healthy survival of their two children. The prevention and cure of childhood diseases thus acquire importance". India has reaffirmed its goal of universal immunization by 1990; reduction of infant mortality is a specific goal of its latest five-year plan.

UNICEF is fully aware that its human and material resources, even combined with those of national governments, are entirely unequal to the challenge of carrying out the required primary health care and child survival measures. Collaboration with others can also strengthen effectiveness, and in 1984 major attention was paid to strengthening working relationships with WHO, WFP, UNDP, UNFPA, and the World Bank, as well as with other bilateral and multilateral agencies. UNICEF also formed strategic alliances with the League of Red Cross and Red Crescent Societies (whose own "Child Alive" programme was launched in 1984), the Holy See, the International Pediatrics Association, the International Confederation of Midwives, and Rotary International among others. Alliances with private voluntary agencies, international and national, have been particularly important in Africa in connection with the current emergency.

UNICEF's "Infant Mortality Reduction Fund", created by the Executive Board in 1983 has proven a useful and flexible means by which to initiate child survival and PHC activities in countries ready to take action between regular funding cycles. Experiences over the past few years have underscored the complementarity of the child survival and development emphasis endorsed by the UNICEF Executive Board in 1983 and the Primary Health Care strategy endorsed by both WHO and UNICEF in 1978. As these strategic imperatives have been translated into country-level programmes, it has been demonstrated repeatedly that action for child survival can serve as an entry point for the broader primary health care effort; equally, it is clear that the PHC services and structures are the necessary basis for sustaining the child survival and development thrust. Both child survival and PHC are based on achieving "health for all" through a multisectoral approach based on community participation and self-reliance. □

UNICEF 638/83 Isnardone

Increasing access to family planning contributes to the well-being of women and children.

Child health and nutrition

Primary health care

UNICEF 94/183/Sprague

Training is one of the key elements in the development of Primary Health Care. A nutrition class for community health workers in India.

This year was marked by steady progress in the development of primary health care and other community-based services, but the pace of development from region to region was uneven. Progress was evident in southeast Asia and the western Pacific; elsewhere in Asia tremendous resource needs were in part overcome through strengthening PHC commitment and programmes based on local self-reliance. In Latin America, where the recession worsened the plight of the poor, greater interest was stirred in PHC and related programmes. In the Middle East and North Africa the lack of trained manpower was the greatest constraint. Africa, menaced simultaneously by economic recession, civil strife, drought and famine, faced, and continues to face, the gravest problems.

A number of country PHC progress evaluations were carried out in 1984, including Pakistan, Malawi, Oman, Zambia, and Zimbabwe, revealing that most countries were doing well in one or more areas of PHC, but not across the whole spectrum of activities.

With child survival measures as the leading thrust, UNICEF continued to advocate PHC actively through international conferences, workshops, meetings, and publications. Major meetings in 1984 included an International Seminar on "Health for All" in Sri Lanka, an Inter-country Workshop in Jamaica on Joint Support for Primary Health Care, and a conference in Bellagio, Italy to discuss major expansion of immunization efforts.

Aid to training continued to be an important and probably the most effective element in UNICEF's contribution to the development of PHC. Training programmes included courses for traditional birth attendants and other village level workers, the introduction of PHC concepts into regular courses at health schools, refresher courses for health and community development workers, and seminars to sensitize officials and community leaders to PHC concepts. In Pakistan alone, 2,500 traditional birth attendants were trained under a programme supported by the Canadian Committee for UNICEF and Canadian bi-lateral aid. In large countries where extensive numbers of village health workers are to be trained (670,000 in Indonesia, for example), UNICEF has concentrated its assistance on the training of trainers and supervisors.

Another important area of assistance for PHC is the development of simple and manageable health information systems. In China such a system has been worked out as part of the "model counties" programme, while in Zambia, UNICEF and the Swedish International Development Agency (SIDA) are helping to simplify the 240 forms that health workers have to fill out.

PHC programmes respond to specific ecological and epidemiological situations. Malaria, acute respiratory infections, and high neonatal mortality are three of the outstanding problems confronting PHC workers. Malaria is a particularly serious problem in tropical Africa and remains one of the top five causes of child mortality. In part, this is due to malaria control programmes in developing countries being dependent on imported oil-based insecticides and larvicides made unaffordable by increased oil prices and shortages in foreign exchange.

Most developing countries report acute respiratory infection (ARI) as second only to diarrhoeal disease in causing childhood deaths. ARI management is now a leading element in the PHC programmes in China and Sri Lanka. UNICEF and the Pan American Health Organization have included ARI programmes in all their Central American projects.

In most developing countries, neonatal mortality (deaths during the first month of life) accounts for about half the infant mortality. The principal cause is still neonatal tetanus, but a large proportion of very early infant deaths and disabilities is related to the health of the pregnant woman. In collaboration with WHO, UNICEF is therefore strengthening its support for better maternal care and delivery practices.

UNICEF continues to be a major supplier of medical and health equipment, and drugs and other consumables for basic health services. Its support has become critical in many countries in view of current economic constraints. In 1984, UNICEF field staff were heavily engaged in resolving the management and logistic problems in connection with the supply of drugs, vaccines, and equipment.

The provision of basic essential drugs is an absolute necessity not only to meet urgent mother and child health needs but to enable the health facilities to provide preventive and educational services. Providing 30-40 essential drugs to PHC facilities on a regular basis will meet 80 per cent of the needs for the treatment of common sicknesses in most communities at a cost as low as under one US dollar per head per year. Unfortunately, many countries are having great difficulty in providing even the minimal list of drugs to their health services. Lack of convertible currency to pay for imported drugs is aggravated by internal transport and logistical difficulties, so that rural health services may receive little or nothing.

For several years, UNICEF has been a partner with WHO in a joint action programme on essential drugs that aims to tackle these problems through national programmes. So far only about a quarter of the countries in which UNICEF is active have developed national essential drug programmes, but a number of models show what can be achieved despite the constraints most countries face.

In Tanzania for example, a programme, funded by the Danish Government Agency, DANIDA, with operational support from UNICEF and WHO, supplies monthly kits of essential drugs to some 2,500 rural health centres and is training 3,500 health workers in the efficient use of these drugs. In a programme funded by Italy, Ethiopia made rapid progress in expanding its capacity to manufacture essential drugs and oral rehydration salts in Addis Ababa. In Asia, particularly encouraging progress was made in Nepal, where, with UNICEF assistance, Royal Drugs Ltd. has now expanded its capacity to meet about 70 per cent of the country's requirements for essential drugs.

UNICEF is making a great effort in partnership with WHO and other agencies to help developing countries purchase essential drugs at the most favourable prices. Over the last two years, the process of international competitive bidding and consolidation of procurement orders has reduced prices for essential drugs by over 50 per cent. UNICEF is currently working on a scheme that would offer governments of developing countries improved means of procuring essential drugs through UNICEF's supply division in Copenhagen, thus taking advantage of the extremely low prices. □

UNICEF 701 84 Tanzania

Mobile clinics can provide health facilities in remote areas. A child waiting for the clinic in the mountains of Haiti.

Twelve million children in Indonesia contract endemic goitre or childhood cretinism because of a major nutritional problem: iodine deficiency. In 1976, a programme to iodize salt was initiated with UNICEF assistance: by 1989 all salt produced in the country will be iodated. At this point, however, the use of treated salt, particularly in endemic areas, is still limited.

Among the reasons: villagers are insufficiently aware of the benefits of iodated salt and accustomed to the coarse salt produced by local farmers. It has become clear that only a change at the grassroots level will change their habits; were salt farmers themselves to iodate the salt for example, people might be more inclined to try it.

One such effort is being made in the village of Krimun, in the district of Indramayu, West Java. Every household in Krimun is involved in producing the coarse salt briquettes usually found in village markets. This is a poor village by national standards–near the poverty line by international standards. The villagers support themselves by tilling ricefields during the rainy season and producing salt during the dry season.

The experiment, part of a UNICEF-assisted programme to disseminate appropriate technology through the ten-million strong scouting organization in Indonesia, began in late 1983. Fifty members of the local scout troop were trained in local technologies for salt iodation.

Ipah Maspupah, a student of the local agricultural high school, along with eight others went into Krimun village to teach the salt farmers what they had learned. Coming from Krimun village herself, she had strong personal interest in the activity.

"I like doing this," she says as she puts the iodated salt in plastic bags, "because I want to help develop my own village." An agricultural student, she feels that she has much to contribute. "But, what is important," Ipah notes, "is to help people build on what they already have!"

For the last three months Ipah and friends have been working with Abdul Rochim, a salt farmer, teaching him one method of iodation. First, the coarse salt is processed to become crystal white. Then a regular mosquito sprayer is used to spray the potassium iodate on measured quantities of salt. Iodine content is checked through samples sent to a Department of Industry laboratory and the method, while not ideal, is simple and easy. Abdul Rochim is able to produce about five kilograms of iodated salt a day; three are sold locally and two are marketed outside the district.

"It's still more expensive than non-iodated salt," he says, "but the people here are finding our iodated salt worth buying. Besides looking much nicer, it also prevents goitre."

The scouts will soon leave Krimun village to work on its own, like the neighbouring village of Kertasari, which succeeded in taking over the salt iodation technology from another group of scout youths.

"We provide the technology and a helping hand in getting the iodated salt produced and marketed," says scoutmaster and school teacher Amor Sudjono. "But as soon as the farmers can take over, we leave. This is what community development is all about."

What the scouts do in Krimun and other villages in Indramayu regency will not make headlines–nor indeed have an immediate effect on the total picture of endemic goitre and cretinism in the country. But in their own small way, they are improving life in their communities amply demonstrating that they are, so to speak, worth their salt.

UNICEF/1033/84/Natanagara

External aid to Haiti totalled US$167 million in 1983. Living standards, however, have barely advanced and in May 1984 the poorest sectors of the country were the scene of bloody food riots and other civil disturbances.

Almost half Haiti's 5.1 million people are under 15. One nutritional survey in 1978 found 73 per cent of children suffered some degree of malnutrition and average infant mortality remains at about 124 deaths per thousand live births. Almost half those deaths are caused by diarrhoea – an illness which can be combatted with the cheap and simple oral rehydration therapy (ORT).

With UNICEF support, a National Programme for Oral Rehydration and the Promotion of Breastfeeding was launched at the Presidential Palace on 22 July, 1983. Momentum in 1984 fueled hopes that child survival efforts would get the backing they needed to improve significantly the health situation.

Co-ordinated by the Ministry of Public Health, the programme aims to establish 7,000 sales posts nationwide and to mobilize 51,000 field workers. These are to be responsible for the distribution of Serum Oral, a commercially-produced oral rehydration mixture.

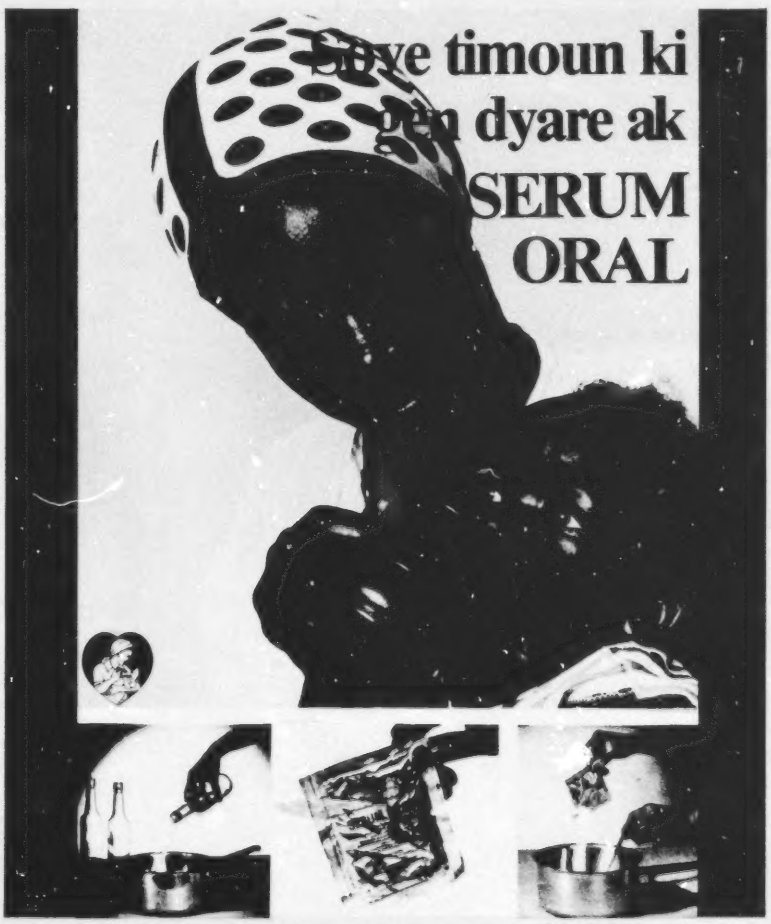
Serum Oral is being manufactured in Haiti by Pharval, a commercial company which intends to boost production from 200,000 to 2 million packets a year by 1986. Pharval is distributing the salts through established connections with pharmacies and other wholesalers and retailers. The government's Agence d'Approvisionnement des Pharmacies Communautaires will buy bulk supplies for hospitals and community pharmacies.

In an uncommon example of co-ordinated effort, government departments and social planners appear to have united in pursuit of the common goal. The campaign has been directed to all levels of the community, from well-stocked city pharmacies to street vendors in urban slums, who commonly sell half a dozen matches from a box or a squeeze of toothpaste for a customer's brush.

Even the country's 11,000 scouts are involved. All scouts will receive training in ORT and each is pledged to pass this knowledge on to five mothers, as well as to help set up sales points in their communities.

Serum Oral posters can now be seen throughout the capital and surrounding areas. A film by UNICEF showing the many faces of the ORT programme is being used to complement radio and television commercials, reinforcing the message that medical treatment need not be expensive or imported to be effective. This emphasis carries particular weight among Haiti's poor, whose income averages some US$268 a year.

In 1980, the State University Hospital in Port-au-Prince, a pioneer in the effort to introduce ORT, reported a case fatality rate of 40 per cent among children admitted with acute diarrhoea and dehydration. In 1984, with ORT being adminstered by nurses and mothers, fatalities had dropped to an estimated 1 per cent of the caseload. Before the programme began, the paediatrics ward was always jammed. Today there are beds to spare.



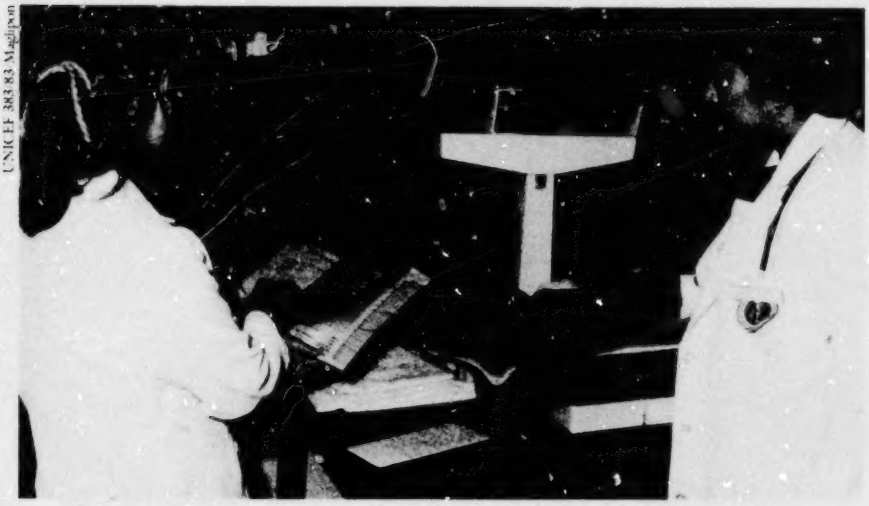
Child survival and development revolution

Monitoring children's growth

During the child's early years, retarded growth is one of the clearest signs of under-nutrition; the practice of growth monitoring for nutritional assessment and screening has been well established for some time. Only recently, however, has the use of growth charts become part of primary health care in developing countries. And only now is the even wider potential of growth monitoring being realized. Growth monitoring can be used to: target nutritional care on the highest priority population; educate and motivate mothers on child care; organize primary health care systems within communities; empower women; increase demand for, and utilization of, community services: promote and popularize child growth and development issues.

There are as yet few countries where growth monitoring is practised country-wide, but Indonesia and Thailand hope to have almost 100 per cent of their child population covered by the end of this decade, and Botswana, Guinea Bissau, Haiti, Uganda, Zambia, and Zimbabwe, among others, reported rapid expansion of growth monitoring in 1984. China began preparations for national scale monitoring, the potential of which is quite promising. Among other activities, UNICEF supported training courses on growth monitoring in Malawi, Pakistan, and Zimbabwe and a workshop in China to develop a national strategy.

In Ghana, Indonesia and Thailand, the growth charts are being kept at home by mothers, who are taught to assess their children's growth and take remedial action when growth rate falls off. In Indonesia and Thailand, growth monitoring is also being used as a successful way of developing primary health care systems. Wide use of growth charts is, unfortunately, still quite rare, and UNICEF will concentrate on extending their use in the future. Among the constraints are a lack of general understanding of the various uses of growth monitoring, inadequate staff skills, poor institutional outreach, and lack of co-operation with institutions outside the health sector. Accelerated application would be possible through schools, rural development programmes, religious groups, women's organizations, and informal groups of mothers.



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Growth monitoring can be used to promote child growth and development issues. A clinic in the Philippines.

Oral rehydration therapy

The global effort to promote oral rehydration therapy (ORT), the most effective treatment for diarrhoeal diseases in young children, gathered momentum in 1984. The advantage of ORT is that parents can treat their own children when an attack of diarrhoea starts. Using such home ingredients as starchy rice or vegetable broth with a little salt added, or a solution of salt and sugar in the right proportion, they can prevent the onset of dehydration. Severely affected children are treated by a community health worker with the packaged oral rehydration salts (ORS) formula; the worker may also provide advice on breast-feeding, hygiene, clean drinking water, sanitation, and proper nutrition at weaning. Treatment is remarkably simple, low-cost, and effective at all stages. A number of research studies have shown that the use of ORT for treating dehydrated children at the community level has decreased the number of deaths from diarrhoea as much as 50 to 60 per cent over a one-year period.

UNICEF is promoting ORT in many countries by enlisting the active support of the medical profession, government officials, community and religious leaders, and the media; developing strategies to enable parents and communities to cope with diarrhoeal diseases themselves, especially through the use of home-made remedies; and, along with WHO, by supporting research and development of improved oral rehydration solutions. In addition, UNICEF in 1984 provided over 65 million packets of oral rehydration salts and helped more than 20 countries create the capacity to manufacture ORS themselves. This local production now tops 100 million packets a year. The overall availability today is quite a leap from the one million packets supplied in 1975, when UNICEF first started to produce ORS.

UNICEF assistance to various countries in their national Control of Diarrhoeal Diseases (CDD) illustrates its involvement. In Egypt, where the CDD programme started in January 1983, wide coverage has been attained by mounting an extensive mass media campaign integrating the ORT programme into existing health services. Bangladesh, a pioneer in oral rehydra-

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ORT treatment is remarkably simple. Mothers in Burkina Faso giving their children ORS.

tion, made significant progress, with total production of ORS approaching 17 million packets. An ORT guide for health workers, developed by the International Centre for Diarrhoeal Disease Research, Bangladesh, was distributed country-wide with UNICEF assistance. Several million leaflets on home preparation of rehydration solutions and on domestic hygiene were distributed through the primary schools. In Haiti, the ORT programme progressed satisfactorily in 1984 with a five-fold increase in the use of ORS in health centres and other outlets (see profile page 10).

Despite these and other positive achievements, there is still far to go: in as many as half the countries UNICEF co-operates with, there is still no national programme to control diarrhoeal disease. The use of ORT by trained health workers and informed parents is still the exception, reaching some 20 per cent of the developing world's children through ORS and perhaps one and a half times as many through home therapy. During 1984 about four million children under the age of five died from diarrhoeal diseases and associated states of malnutrition. At least half these lives could have been saved by timely oral rehydration therapy and other simple control measures.

CHILD HEALTH: In 1984 UNICEF

- co-operated in child health programmes in 109 countries: 43 in Africa, 23 in the Americas, 32 in Asia and 11 in the Middle East and North Africa region
- provided grants for training, orientation and refresher courses for 75,700 health workers: doctors, nurses, public health workers, medical assistants, midwives and traditional birth attendants
- provided technical supplies and equipment for 105,700 health centres of various kinds – especially rural health centres and subcentres
- supplied medicines and vaccines against tuberculosis, diphtheria, tetanus, typhoid, measles, polio and other diseases

Breast-feeding and better weaning practices

In most less-developed countries breast-feeding is the rule, especially in rural areas, but recent studies show little cause for complacency. Though bottle-feeding is still largely confined to the urban middle-class, its spread is becoming alarming. In Mauritius, for instance, 84 per cent of the babies born in hospitals and clinics are bottle fed. In Pakistan, 50 per cent of the infants surveyed were wholly or partially bottle fed. In some cases commercial milk foods are introduced long before this is desirable; in other cases infants, who should be weaning, are given no supplements at all for far too long.

New medical research findings show that breast-milk may contain antibodies against cholera, that it affords greater protection against diarrhoeal diseases than other feeding modes, and that it contains a substance that kills a variety of parasites responsible for intestinal disorders, including amoebic dysentery. These and other findings highlight the need both for the encouragement and support of breast-feeding and for the appropriate and timely introduction of supplementary and weaning foods.

UNICEF continued to help countries in the encouragement and support of breast-feeding. To provide the necessary data for national policies in infant and young child feeding, some 15 countries have conducted or are conducting national surveys on breast-feeding. Governments of these countries have participated in WHO/UNICEF sponsored regional workshops on the subject. In addition, Fiji, Zambia, and Mauritius have completed surveys followed by proposals for action. Bangladesh and Argentina have established government bodies to monitor infant-feeding practices.

Encouraging breast-feeding is an integral part of Egypt's diarrhoeal disease control programme. Nicaragua's breast-feeding programme focuses on educating mothers and training health workers in promotional techniques. Maternity units in more and more countries are practising "rooming-in"; re-orientation programmes for health personnel have been undertaken in a number of countries.

In response to growing concerns about the timely and appropriate introduction of weaning food, a WHO technical group is working out a guideline for fact-finding surveys, to be used by governments prior to launching future nutritional programmes. Some national actions are already being taken. Sierra Leone has reactivated its production of high-protein weaning foods. The Ivory Coast has launched an information campaign for improved infant feeding practices through the mass media. In Uganda, Mozambique, and Zimbabwe, guidelines on appropriate supplementary feeding have been prepared and distributed.

UNICEF also devoted considerable attention in 1984 to helping countries prepare promotional and educational materials on breast-feeding. Slide-sets, films, and posters were made and used in Mexico, Ethiopia, Thailand, Iraq, and Haiti. Short television spots were aired in Turkey and the Philippines. A film including a segment on breast-feeding was produced in Ghana. Education kits and training manuals for field workers were also produced in a number of countries.

There was impressive progress in 1984 in the implementation of the International Code on the Appropriate Marketing of Breast-milk Substitutes. By mid-year, the code was in force in six countries, in the final stages of legislation in 16 countries, adopted as a voluntary measure in 7 countries and partially implemented in 24 countries. Twenty-four other countries have draft national codes under consideration.

Perhaps the most significant and welcome development in the infant food industry in 1984 was the ending of the Nestlé Boycott. At the request of The Nestlé Company and the International Nestlé Boycott Committee, UNICEF facilitated the final rounds of negotiation, leading to an agreement by The Nestlé Company to abide by the code and to the consequent lifting of the long boycott which the committee had been leading against the company.

UNICEF 074/83/Akil Khan

New findings highlight the need both for the encouragement and support of breast-feeding and for the appropriate and timely introduction of supplementary weaning foods. A mother breast-feeding her baby in Bangladesh.

Immunization

UNICEF is a full partner with WHO in the world-wide campaign to immunize all infants and young children against six common infectious diseases – diphtheria, pertussis (whooping cough), tetanus, measles, poliomyelitis, and tuberculosis. Women of child-bearing age and especially pregnant women are being immunized against tetanus, since the immunity may be conferred on infants at birth.

UNICEF is not only the main international supplier of vaccines to developing countries, but helps countries to produce their own vaccines, participates in programme development and reviews, and supports management and technical training. In 1984, UNICEF provided direct assistance to immunization activities in 80 countries, supplying vaccines worth a total of US$7.5 million, and contributed to a US$500,000 regional revolving fund for vaccine procurement in Latin America. It also provided substantial assistance to logistical systems in many countries, particularly in support of the "cold chain" that ensures vaccines remain effective. An acceleration in immunization activities led to a dramatic increase in demand for vaccines – 1984 supplies were two to three times more than in previous years, and a further increase is projected for 1985. This sudden increase in demand for vaccines created short-term supply problems in some countries, but it is expected that increased supplies will be available for sustained operations in 1985.

In March, the Bellagio Conference on Protecting the World's Children, sponsored by UNICEF, WHO, the World Bank, and the UN Development Programme, provided a major impetus to accelerating immunization activity. The conference established a task force to promote the reduction of childhood mortality and morbidity through key primary health care activities, concentrating first on support to three countries: Colombia, India and Senegal. Following the conference, Colombia, under the leadership of President Belisario Betancur, mobilized widespread political and public support for immunization: one million children were immunized against diphtheria, pertussis, tetanus, measles, and poliomyelitis, giving

President Belisario Betancur and his Health Ministry led a minor revolution this year which saw almost a million children vaccinated against five killer diseases and found new ways of conducting a campaign which could inspire and instruct efforts elsewhere.

President Betancur used the spirit and principle of the "Child Survival and Development Revolution" to rally support for the national immunization drive, which centred on three National Vaccination Days–23 June, 28 July and 25 August. The President and First Lady personally requested the collaboration of individual governors. The Ministry of the Interior asked the mayors of all 1,125 municipalities to support the volunteer effort.

Print and broadcast media backed the drive solidly. Provincial newspapers like *El Tiempo* and *El Espectador* carried health messages and special feature articles. As each of the National Vaccination Days neared its climax, 84 radio stations transmitted hourly messages on child care and immunization. Television stations showed special programmes in addition to news items on campaign preparations.

The cartoon character of a little boy named Pitín, the campaign mascot, appeared everywhere–newspapers, posters, billboards, even T-shirts–urging mothers to have their children vaccinated. Tens of thousands of volunteers were mustered from the Red Cross, Civil Defence Units, the Boy Scouts, and other public service bodies for a nationwide doorknock campaign.

Volunteers visited every household recording the name, age, sex and vaccination history of each child and encouraged parents to have their sons and daughters at the vaccination booths set up all over the country. The Ministry of Defence provided air, sea and river transport for vaccines, cold chain equipment and materials to build vaccination posts where necessary.

On the day of the first round of vaccinations, radio stations created an election-day atmosphere and a sense of competition between regions by announcing vaccination counts and targets from all parts of the country on the hour. By the close of day one, 810,000 children had received their first shots; on day two 850,000 children were immunized; on day three, 900,000.

To achieve these results, an army of over 120,000 volunteers had delivered vaccines against diphtheria, whooping cough, tetanus, polio and measles to 10,000 immunization posts across the country over a period of nearly two months; and they vaccinated between 88 and 93 per cent of the most vulnerable population group, children below four years of age.

The brightness of Colombia's achievement reaches far beyond its borders. Elements of the campaign can be picked up and applied elsewhere. Observers from Burkina Faso, Ecuador, El Salvador, Guatemala and Haiti have carried away vivid memories of what they saw, heard and felt in Colombia–government enthusiasm and community involvement at work together.

UNICEF 136/83/Mera.

"Sitting up and taking notice" — NIGERIA

There was a ray of hope on the African continent in 1984: in the west Nigerian district of Owo, 83 per cent of the children under two years of age were vaccinated against six lethal diseases. This achievement contrasted sharply with the average rate of coverage of 21 per cent.

National and state-level health authorities, together with WHO, UNICEF, and the new military administration, joined forces in Owo for a year-long vaccination programme. Now, a national immunization campaign is under way to achieve countrywide coverage of 80 per cent by 1990.

Owo's total of 19,000 children pales beside the target of 4 million to be reached every year at the nation's current rate of population growth. At present, only 40 per cent of the rural population is within easy reach of health facilities and fewer than 40 per cent use them. Nevertheless, the Owo experience suggests Nigeria can achieve its goal.

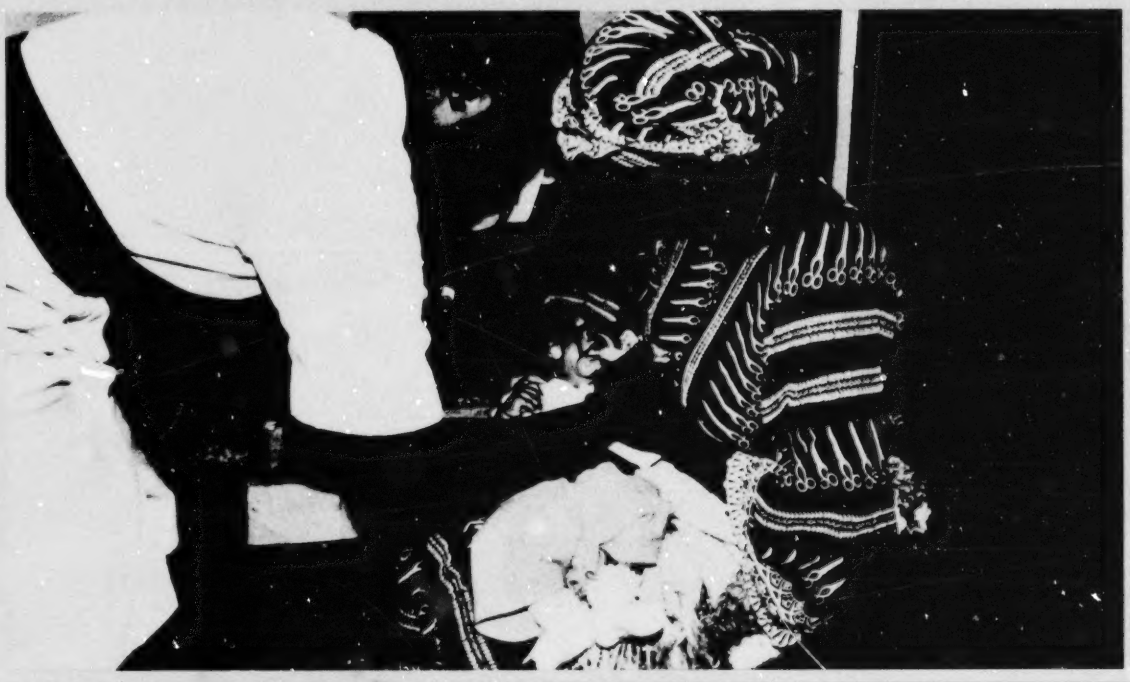
Says Dr. Aladesawe, who directed the Owo campaign, "As far as I can see there are two key elements in trying to reach the 80 per cent target. The first is to convince the mothers of the value of immunization and the second is to ensure there are regular supplies of vaccine. Our strategy for overcoming the first problem is to make announcements in all churches and mosques and to involve all the women's societies. For the second we are counting on UNICEF."

UNICEF has been involved in expanded programmes of immunization in Nigeria since 1978, providing vaccines and refrigerators, and supporting the training of personnel in vaccine handling. In Owo, UNICEF worked on programme implementation directly with the government for the first time.

Owo was chosen as the pilot site because of past failures with the kind of vaccination programmes typical for rural Nigerian communities. Previous efforts had suffered from a lack of organization: supplies were delivered to health centres randomly; schedules were left to chance; and the cold chain was in constant danger of breaking down because of poor vehicle maintenance, broken refrigerators, and electric power failures.

The Owo project replaced refrigerators with cold boxes at one third the cost. A tight distribution system was developed: using a fleet of six vehicles, and drivers skilled in their maintenance, the vaccines were distributed from central storage locations in Owo town to more remote areas. Churches, schools, mosques, markets, and community halls served as vaccination posts. The eight-day range provided by cold boxes and cold packs was adequate to ensure fresh vaccines as needed.

"The military government is looking for tangible, affordable, rapid social gains, especially in the rural areas," notes UNICEF's Representative, Richard Reid. The Owo project is proof this is possible. Adds Reid: "People in other countries and in the headquarters of international organizations are sitting up and taking notice."



UNICEF/1031/84/Jackson.

almost universal coverage against these diseases (see profile page 14). The BCG vaccine against tuberculosis was omitted from the mass campaign since coverage of 80 per cent had already been attained. In Senegal the Ministry of Health has begun an intensive planning process, with the aim of making immunization services available to all children. In India, following successful local campaigns in Delhi and Bidar districts which raised immunization rates from 20 per cent to 85 and 95 per cent respectively, several states are now preparing to extend coverage to all children. The Government of India has reaffirmed its goal of universal immunization by 1990 and this effort will be a major component in the next cycle of programme co-operation with UNICEF.

Nigeria, following the remarkable success in Ondo State in 1983, where 83.3 per cent of the young children were immunized (see profile page 15), has launched a nation-wide drive, aimed at 80 per cent coverage by 1990, under the leadership of the Head of State. Indonesia, Pakistan and Zimbabwe, among other countries, reported significant progress in 1984. In Indonesia, although 80 per cent of children have access to immunization services, only about 30 per cent are being reached. The Government has accordingly accelerated its promotional efforts and raised immunization to priority level.

In 1984, new support for immunization came from two sources. The Arab Gulf Programme (AGFUND) provided US$1 million to support immunization programmes in the Eastern Mediterranean Region for two years beginning July 1984. Rotary International established a "Polio 2005" plan of action, working towards the immunization of all children against poliomyelitis by the 100th anniversary of the organization's founding.

During the past three years, UNICEF has been associated with WHO in country reviews in some 30 countries. These established that in the majority of countries, especially in Africa, coverage remains very far below the 80 per cent target set in the global campaign, and in some countries immunization is still limited to cities and adjacent areas. A characteristic shared by the *successful* programmes has been meticulous planning and organization, with detailed attention to all elements: training, preparation of facilities, use of mass media, etc. Political commitment from the highest levels has also been an essential characteristic of successful programmes. Where community level health personnel are underpaid, or lack supportive supervision, immunization coverage is low. Above all, it is evident that immunization is only one of several components of an overall primary health care strategy: all contacts with health services should provide opportunities for immunization, other necessary services, and readily understandable health messages. □

Child nutrition

The WHO/UNICEF Joint Nutrition Support Programme

UNICEF's main thrust for co-operation and assistance in the field of nutrition in 1984 was the US$85.3 million WHO/UNICEF Joint Nutrition Support Programme (JNSP), a "noted" project entirely funded by the Government of Italy. Drawn up in 1982, the programme represents a renewed commitment by the two

The WHO/UNICEF Joint Nutrition Support Programme addresses the nutritional status of children and mothers.

UNICEF 008/82 Murray-Lee

agencies to tackle the problem of young child malnutrition – a problem which has often appeared intractable. Impact objectives derive from the priority concerns of child survival and development: 1) the reduction of infant and young child mortality and morbidity; 2) better child growth and development; and, 3) the improvement of maternal nutrition.

The JNSP follows the community-based services/primary health care approach – decentralized management and community involvement at all stages, starting with project identification. It addresses the *nutritional status* of children and mothers – a more comprehensive approach that includes oral rehydration and immunization, as well as programmes that empower and enable women, through activities such as income-generation and appropriate technology, to fulfill their key caretaking role in the family.

Early JNSP experiences in community involvement are of special interest. In Niger, a particularly striking case, the approach to community involvement can be described as "consultation and response". There is no trace of direction and control; indeed, it is impossible to predict in advance of community consultation what the initial project content in a particular village will be.

By the end of 1984 the entire US$85.3 million had been committed to projects in 18 countries. In Haiti, the project concentrates on oral rehydration therapy and breast-feeding. An Andean project focuses specifically on the eradication of goitre. All the others contain mutually-supportive elements including food production, health measures, community education, and women's activities. In the Iringa region in Tanzania, for example, a multi-dimensional project is providing an opportunity to test a variety of ways to improve nutritional status. Launched at the end of 1983 with an impressive campaign to create public awareness, the project was well established within a year in all 167 villages of the project area, with at least some involvement in two-thirds of all the households.

The JNSP also provides support at a variety of levels to strengthen a country's capacity to plan, manage, and evaluate. In Nepal, where five districts are included in the project, the nutrition cell of the Ministry of Health is being strengthened and plans are being worked out to include nutrition units in other ministries. In Somalia the project co-operates with the Ministry of Health's new Primary Health Care Department in its support of decentralized health activities.

JNSP support can take the form of staff, consultants, training, materials, and sometimes construction. Financial assistance can be provided to establish revolving funds, form women's co-operatives, and other activities. In Angola, international project staff were recruited to train national counterparts, short-term consultants helped design training courses in health and nutrition, and two Angolans were chosen for post-graduate training in Brazil.

Eight of the JNSP projects are in Africa – Ethiopia, Mali, Mozambique, and Sudan, in addition to countries already mentioned. The drought and food emergency in so much of Africa provides a monumental challenge to a nutrition programme that aims to be developmental. The JNSP is not an emergency programme and its resources are not meant to provide relief. Nevertheless, in Sudan and Mali, where JNSP project areas have been affected by severe drought, JNSP has extended relief assistance and is providing water, essential drugs and immunization. More importantly, the programme makes a permanent contribution to prevention and preparedness by helping communities build their own capacity and by providing trained personnel and a strengthened infrastructure.

CHILD NUTRITION: In 1984 UNICEF

- co-operated in nutrition programmes in 100 countries: 38 in Africa, 21 in the Americas, 32 in Asia, and 9 in the Middle East and North Africa region
- helped to expand applied nutrition programmes in 27,200 villages, equipping nutrition centres and demonstration areas, community and school orchards and gardens, fish and poultry hatcheries
- provided stipends to train 27,700 village-level nutrition workers
- delivered some 35,000 metric tons of donated foods (including wheat flour, non-fat dry milk, special weaning foods and nutrition supplements) for distribution through nutrition and emergency feeding programmes

Other nutrition activities

UNICEF continued in 1984 to support a variety of nutrition activities as part of its ongoing programme of country co-operation. It assisted Madagascar, Lesotho, and Malawi to design national nutritional surveillance programmes and helped a number of other countries strengthen their surveillance activities. Promotion of food production for family use and support to supplementary feeding schemes were part of programmes in Uganda, Syria, and Papua New Guinea, among other countries.

UNICEF support to nutrition training and education continued on a broad scale. In Kenya, impressive progress was made in introducing nutrition as a subject into the primary education system. In Zimbabwe, volunteers in numerous feeding centres were trained. In Iraq, Syria and Oman, training courses for health officers were organized. In Turkey, public nutrition education was promoted through the mass media and a free supplementary weaning food was distributed in co-ordination with a nutrition education programme and the distribution of growth charts. Education on child feeding during the weaning period was supported on a large scale in Thailand. In the Ivory Coast, a fish-raising project, linked to education in child feeding and providing increased income for poorer families, continued successfully. □

The essential first steps — BANGLADESH

Last year, about 25,000 Bangladeshi children lost their eyesight because of vitamin A deficiency. Of these children, about half will die before their sixth birthday; for the rest there is no hope of cure.

Xerophthalmia, 'night blindness' or 'raat kaana' as it is known locally, was first identified during a 1962-1965 nutrition survey. The survey estimated that 5,000 children under the age of five were going blind each year. It also demonstrated that balancing a child's diet with foods rich in vitamin A could reduce the incidence of blindness. No action was taken, however, and the situation continued to deteriorate.

In 1972-73 the World Health Organization conducted a survey which estimated that at least 17,000 children were going blind each year. Together with UNICEF, WHO helped the Bangladesh Government launch a national blindness prevention programme. For more than 10 years now, the programme has aimed to administer one high potency vitamin A capsule every six months to every rural child under age six.

About 50 per cent of the 20 million target population has been reached and the incidence of nutritional blindness has been reduced. However, UNICEF's current commitment to the programme will be exhausted in 1986 and experts agree that long-term dietary solutions must be found.

A recent Xerophthalmia Prevalence Survey found that, while rates for Xerophthalmia were lower among rural children who received vitamin A capsules, about 30-40 per cent of these children developed the disease anyway. The report concluded: "The total food economy of the household and the child, as well as exposure to diseases such as measles and gastroenteritis, needs to be taken into account."

The poor, who often cannot afford to buy foods like green-leaf vegetables, are usually unaware of the nutritional value of these foods, the importance of a balanced diet, and the fact that many low-cost alternatives are available. The government, with financial support from UNICEF, is trying to change this.

One three-year project aims to distribute 100,000 packets of seed for 12 vegetable varieties to rural communities nationwide. About 5,250 people – half of them women – from 42 selected villages, have been trained for the intensive production and conservation of vegetables. Growing their own vegetables will help meet family food needs at affordable cost.

Another more ambitious project is part of the government's integrated rural development programme. It includes activities in public health, education, sanitation and water supply, as well as nutrition in 200 villages.

The UNICEF vitamin capsule programme will still be needed for a while to keep 'raat kaana' in check. Project planners recognize that reaching the entire target group will take many years. But the essential first steps are being taken.

UNICEF/643/83/Akil Khan

Other community-based services for children

Safe water supplies and sanitation

Water and sanitation services, and health education activities associated with them, are essential to a full-scale attack on infant and child mortality and morbidity. In 1984, UNICEF co-operated with 94 countries in water supply and sanitation projects, assistance totalling about $US68 million, second only to child health and nutrition. The number of new beneficiaries amounted to 14.9 million people for water supply and 2.1 million for sanitation facilities installed through these projects during the year. These figures compare with 15.5 million water supply beneficiaries and 1.3 million for sanitation in 1983.

The mid-point of the International Drinking Water and Sanitation Decade is approaching–and external funding is still falling short of expectations. In many developing countries, however, national commitments and inputs have gained considerable momentum–Egypt, Nigeria, Bangladesh, India, and Indonesia are a few of the countries with large programmes. In Nigeria, for example, based on the success of the UNICEF-assisted water supply and sanitation projects in Imo, Gongola, and Kwara states, the Federal Government, with its own resources, is undertaking similar projects in the other 18 states.

UNICEF's consistent advocacy of medium and low-cost technology is even more critical given the global recession. High-powered drilling rigs costing US$250,000 to US$300,000 are being successfully replaced by simpler, cheaper rigs, where rock and soil conditions allow. Indonesia, with its predominantly soft formations, is using 100 UNICEF-supplied small rotation drill rigs that can be carried or carted over narrow paths or difficult terrain. These range in price from US$3,000 to US$11,000 each. In Sudan, hand-held drilling augers costing about US$1,500 each are used. The price of the popular and improved India Mark II handpump has been lowered from about US$230 to US$180 each. UNICEF continues to co-operate closely with the UNDP/World Bank Global Project on Handpump Testing and Development. Only in operation for a few years, this project has already resulted in a noticeable improvement in the quality and operation of the most commonly used handpumps.

Maintenance, continuous operation and use of water and sanitation systems continue to be a serious challenge. Maintenance plans are now written into all projects, but provision of spare parts, transport, fuel, and appropriate remuneration for workers have all proved to be serious obstacles. When community motivation is strong, however, countries report very encouraging results. A recent survey in Indonesia shows that over 90 per cent of the water supply installations are in operation, maintained, and used. The "Malawi Concept" is one approach that has proved successful: a group of users "owns" the water-post (handpump or standpipe), is responsible for the post's maintenance, pays for its upkeep and generally takes good care of it.

The sanitation component of water projects, formerly ignored or minimally represented, is now receiving increased emphasis. Bhutan, the southeast Asian countries, Mozambique and Tanzania (see profile page 20) have all added sanitation components to their water supply programmes.

Maintenance, continuous operation and use of water and sanitation systems continue to be a serious challenge. Villagers operating a handpump in India.

UNICEF 052/83/Sprague

The how and why ——— TANZANIA

The people of Wanging'ombe are learning that installing a good water supply is just a first step along the road to better health. In the late 1970s, UNICEF helped develop a major gravity-fed water system which tapped the Mbukwa River for the 43 villages of this district. More than 80,000 people participated in the trench digging and pipe laying. Since then, they have taken responsibility for the maintenance of the system.

There is no doubt that the water supply project is a success. In 1980, when water holes, wells, and other traditional sources of water began to dry up, the pipelines from the Mbukwa carried the villages through. And when domestic supply points were established in the villages, women who used to walk seven kilometres a day for water instead had it, literally on tap, within 400 metres.

But the Wanging'ombe water supply project hasn't solved all problems. As much as anything, it has reinforced the message that water alone doesn't make a health revolution.

Dr. Maric George Mvungi of the Ilembula Lutheran Hospital attributes a decline in scabies to a more plentiful water supply– villagers bathe more often and can attend to personal hygiene. But water-borne diseases, which account for over half of all patient visits and are a major cause of death in the area, have not been eradicated.

The Mbukwa water is a little cleaner once it passes through sedimentation tanks, but it is still not safe to drink. Fuel being scarce and expensive, it has proved impossible to persuade people to boil their drinking water. Moreover, the hookworm and diarrhoea prevalent in the area are of faecal origin. Without good sanitation, the water supply project can only have a minimal impact on health.

The people of Wanging'ombe have latrines in their houses or nearby, but these are neither safe nor secure. Flies can move easily from latrine to kitchen. The bush timbers used as squatting plates are often eaten away by termites and the pit walls cave in when it rains. Children and old people, often afraid to use the latrine, use the fields instead.

Local leaders and visiting technicians decided on a pilot scheme to construct pit latrines made of brick and cement in four villages. As with the water supply project, everything is being done on a self-help basis. The villagers make the bricks themselves. UNICEF supplies two bags of cement to each household and supports the local manufacture of cement squatting slabs.

The next step for Wanging'ombe is health education. "When people are asked about the reason for building a better latrine, most will say it prevents diseases," says Dr. Mvungi. "But they are unable to explain how or why a latrine does this. It is no use having someone build a good latrine if he is not taught how and why to use it."

Furthermore, in a number of countries, UNICEF-assisted programmes no longer limit sanitation solely to excreta disposal, but have broadened it to include garbage disposal, food hygiene, vector control, and other efforts to keep the environment clean and properly functioning. In a number of countries, health and hygiene education activities have been initiated within the framework of primary health care, and UNICEF is taking steps to ensure that this element is included in all new water and sanitation projects by 1986.

Water supply and sanitation projects have proved an effective entry point for health and community development activities. Almost everywhere, the training of village-level workers has provided an opportunity to promote simple health practices, like oral rehydration therapy. In Guinea, Sudan, Tunisia, and many other countries water supply projects have sparked home gardening activities. Families able to produce their own fruits and vegetables have diversified their diet and improved their nutrition.

Community involvement has been stimulated through the efforts of motivated specialists and village-level workers. In the Nepal project, the effective communication of local tech-

UNICEF 1037/84 UNDP World

The sanitation component of water projects, formerly ignored or minimally represented, is now receiving increased emphasis.

UNICEF pays particular attention to strengthening the role of women in the context of water and sanitation projects, the results of which are already evident in some project areas. In Pakistan, for example, in a bold departure from traditional practice, female as well as male sanitation promotors are being trained for the first time. This is part of a national effort to triple the percentage of adequate water supply to rural populations from 20 to 60 per cent, and to raise rural sanitation coverage from a quarter of one per cent to 14 per cent by 1990.

In some parts of the world, population increase and the subsequent pressure on land, has led to deforestation, erosion, and degradation of the soil, accompanied by falling water tables, the drying up of springs, and deteriorating water quality. Attempts are presently being made to see how environmental education could be introduced or intensified in UNICEF's other work in water supply and sanitation. □

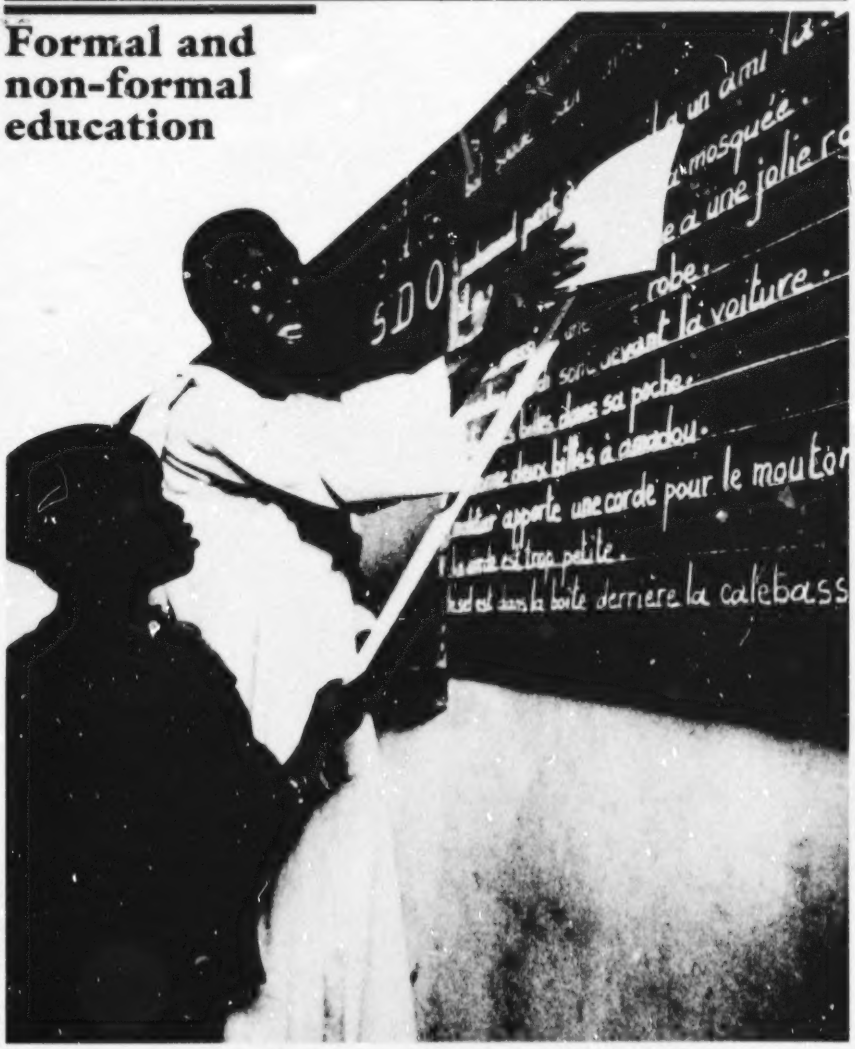
nicians has led not only to a 75 per cent acceptance of latrines by villagers, but also to the inauguration of village soap production for better hygiene.

Training continues to be a major part of UNICEF's project assistance in water and sanitation. Trainees include local-level technicians, drillers, plumbers, masons, sanitarians, village promoters, and water-systems operators (especially handpump caretakers). Practical on-the-job training is carried out directly by UNICEF's 140 water and sanitation project staff in the field, or indirectly, through thousands of trainers who have been trained with UNICEF support. On a more limited scale, training at institutions and the build-up of training institutions is also supported by UNICEF. In Sudan, UNICEF contributes significantly to the Wad Magboul Training Institute for rural water technicians, which serves not only Sudan, but Djibouti and Yemen as well. In Maputo, Mozambique, UNICEF supports the technical training school. UNICEF is also helping Bhutan in the development of its own in-country training facilities, as well as assisting in the training of Bhutanese at institutions in India and the United Kingdom.

WATER AND SANITATION: In 1984 UNICEF

- co-operated in programmes to supply safe water and improved sanitation in 97 countries: 39 in Africa, 21 in the Americas, 28 in Asia and 9 in the Middle East and North Africa region
- completed approximately 80,382 water supply systems, including 72,660 open/dug wells with handpumps, 1,349 piped systems, with 3,780 motor-driven pumps and 2,593 other systems such as spring protection, rain water collection and water treatment plants
- benefited some 14.9 million persons from its rural water supply systems
- completed 289,633 excreta disposal installations benefiting some 2,147,300 people

Formal and non-formal education



UNICEF 254-83 Marie Lee

School drop-out rate in developing countries has socio-economic roots. A school in Mauritania.

Educational programmes provide the means by which the individual potential of the child can be fulfilled. The education of women in particular, has a powerful effect on child survival and development. Despite encouraging progress over the last two decades, a large proportion of children and women in the developing world still lack a basic level of general education. Three critical factors stand out as priorities for further advance: (1) reducing inefficiency and wastage in primary education, (2) improving the quality and relevance of basic education, and (3) increasing the participation of disadvantaged groups, including women.

Even in developing countries with a gross primary-age enrollment of 80 per cent or more, it is not unusual to find that only 20 per cent of a given age group complete primary education. The appalling drop-out rate is related partly to the socio-economic situation of the students and partly to factors within the schools.

UNICEF has tried to help countries deal with some of the school-related problems through better preparation of teachers (in Bangladesh, Ethiopia, and Nepal, among others); improving curricula and textbooks (Djibouti, Madagascar and Malawi); providing essential supplies or helping the country to produce them (China and Laos); and providing training and transport for supervisors (Bangladesh and Tanzania).

It is proving much more difficult to deal with the socio-economic roots of school drop-out. A few pioneering projects assisted by UNICEF attempt to attune schools more closely to the student's out-of-school circumstances, as well as to involve the community in the concerns of the school. For example, in Burundi, Ethiopia, and Indonesia, non-formal education programmes have been developed as a route to the higher primary school grades. Other such projects are underway in Bangladesh, Tanzania, Nepal and Syria.

The continuing African crisis dramatically underscores the need to make basic education more relevant. In countries where large numbers of people are engaged in a struggle for survival, community-based educational programmes linked to the urgent tasks of food production, soil and water conservation, raising animals, and meeting the daily necessities of life are likely to be more

EDUCATION: In 1984 UNICEF

- co-operated in primary and non-formal education in 105 countries: 43 in Africa, 22 in the Americas, 29 in Asia and 11 in the Middle East and North Africa region
- provided stipends for refresher training of some 49,700 teachers including 18,600 primary-school teachers
- helped to equip more than 64,300 primary schools and teacher-training institutions and 800 vocational training centres with teaching aids, including maps, globes, science kits, blackboards, desks, reference books and audio-visual materials
- assisted many countries to prepare textbooks locally by funding printing units, bookbinding and paper

Years after independence many African countries are haunted by attitudes and trappings of a colonial past. Nowhere are foreign influences more pervasive and of greater concern than in education systems – the foundation of a nation's culture and future.

Throughout Africa Ministries of Education are importing sophisticated educational materials mass produced in the industrialized world. Often such materials are not only expensive, but also inappropriate. Introducing a new science textbook sponsored by UNICEF and UNESCO, one Malawian Ministry of Education official pointed out that "understanding science means understanding your immediate environment. Importing chemistry sets designed for western school laboratories, he noted, does not help. "Look around you," he told teachers, "you will discover that there is all you need to be able to teach science."

UNICEF has been involved in a variety of projects in Africa to develop more appropriate teaching aids. In Mozambique, Keith Warren, a UNICEF consultant on teaching aids, is working with an Education Materials Development Group in the Ministry of Education which includes an artist, a carpenter, and a teacher.

One important aspect of the group's work is training teachers to instruct other teachers in the manufacture and use of appropriate teaching tools. At present 20 teachers are being trained to make low-cost teaching aids. UNICEF has provided each instructor with US$20 kit of tools including two knives, a sharpening stone, hacksaw blades, nails, files, and pliers.

Educational aids can be constructed from the simplest and most widely-available materials. An abacus is made from a bamboo frame with clay beads. A model of the solar system is formed with papier mâché balls and wooden discs. A light bulb filled with water becomes a lens for a makeshift slide projector. Says Mr. Warren: "Although there are a hundred problems, there are a thousand opportunities."

Field testing is important. The typical schoolroom in Mozambique is an open shed with a dirt floor. Teachers have neither blackboards nor writing paper, so the environment must become a laboratory for improvisation.

Although teachers – and even children themselves – can make some educational aids, production units are more efficient for major quantities. A local branch of the Mozambican Women's Organization, for example, started a cooperative which makes clay letters and animals for literacy classes on consignment by the Ministry of Education. The Government encourages the establishment of such small-scale enterprises: they reinforce the country's effort to conserve foreign exchange.

Another money-saving initiative is the use of factories currently operating below capacity because of a shortage of raw materials. The factories also have valuable waste products – small sheets of metal, tubing, plywood. "To them it's rubbish," says Keith Warren, "to us it's prime material." One factory is already making rulers from spare metal plates. The potential for such initiatives is almost unlimited.

Still old prejudices persist. Many teachers were schooled under colonial systems, where they learned to look down on anything "homemade". "Designing the teaching aids is the easy part," he says. "Persuading the teachers that they are not second best is a much more difficult problem."

UNICEF/1036/84/Warren

effective than conventional schools. Experience in Africa and elsewhere, unfortunately, shows that such a practical system will not be acceptable to people as long as a parallel conventional system leading to privilege and high rewards for the elite is preserved. It takes political courage and creative innovation to break away from conventional patterns, a courage already evident in programmes supported by UNICEF. In Indonesia, capital and training have been provided for small business activities to groups participating in non-formal programmes. In Thailand, Tunisia and Turkey, a work-oriented curriculum has been introduced. In several countries UNICEF is helping extend adult literacy and training programmes to older children who missed out on formal education opportunities.

Many country programmes have begun to introduce child survival and development materials into primary education and literacy programmes. Examples include a nutrition guide book for primary teachers in Burundi; Arabic and French material on health and nutrition for primary schools in Mauritania; and a manual on water use and sanitation for Gambian schools.

Because women are the primary caretakers of children, educating them is critical to the success of a child survival and development programme. Family-life education projects, which combine group self-help activities with educational subjects of particular concern to women, are assisted by UNICEF in a number of countries, including Egypt, Ethiopia and Haiti. In Nepal, a women's education project helps support the training of girls from rural areas who choose to become primary school teachers in their own communities. In the Philippines, teachers have been trained and special instructional materials developed for literacy classes among children and women of ethnic minorities in nine of the most isolated communities of Luzon and Visayas islands. Ethiopia has been experimenting with Basic Development Education Centres, a programme that combines education and self-help in remote areas without regular schools. A number of countries, however, are finding it difficult to reach the most educationally disadvantaged, usually those who have been bypassed in other spheres of development as well. Only special and persistent efforts can reach them.

The Executive Board, at its 1984 session, endorsed a comprehensive approach to early childhood development that included attention to the child's cognitive and psychological development – particularly early childhood stimulation – as well as health and physical growth. UNICEF hosted an informal consultation in October among concerned international and bilateral agencies and foundations, and collaborated closely with several countries – including Haiti, Indonesia, Malawi, Venezuela, and Zambia – in developing and assessing policies to do with early childhood programmes. In Mauritius, UNICEF is co-operating with the United Nations Development Programme (UNDP) in instituting a nation wide pre-school programme. Under the auspices of the National Family Planning Board in Indonesia, a pilot project in early childhood stimulation is being carried out in three urban and ten rural areas and is seen as a model for nation-wide replication. In the Philippines, an Early Childhood Enrichment Programme is about to be substantially expanded, 1000 day-care attendants and 2000 rural improvement club leaders have been trained. All UNICEF's early childhood development initiatives take into careful account UNICEF's other educational and health policies. □

Urban community-ba

UNICEF in 1984 supported community-based activities in the slums and shanty-towns of more than 50 countries. New statistics highlight the seriousness of rapid urbanization throughout the developing world. For example, in Africa urbanization is proceeding much more rapidly than had been previously realized. In Botswana the annual urban growth rate is 15 per cent; in Lesotho it is 16 per cent. Djibouti is now 74 per cent urban. Mauritius and Zambia follow close behind at 52 and 44 per cent respectively.

Awareness of, and access to, birth-spacing methods by poor urban women has become an urgent issue, not only on grounds of health and welfare, but because more than half the urban growth in developing countries is due to natural increase, rather than rural-urban migration as is commonly supposed.

Malnutrition remains one of the most serious problems among urban children. Food intake in slums and

Child survival and development measures form the core of most urban community-based programmes.

ICEF-9146/Sprague

squatter settlements in various cities is only half to two-thirds that of the city average. The decline in breast-feeding remains serious: working mothers often find it difficult to continue breast-feeding. Since the urban poor are directly involved in the cash economy, the global recession has exacerbated their situation. In view of these factors, child survival and development measures now form the core of most UNICEF-assisted urban primary health care programmes and have generated a considerable degree of enthusiasm.

Asia and Latin America are the regions with the most extensive and best established UNICEF-assisted community-based urban services programmes. India now has UNICEF's largest programme of urban assistance, reaching more than 20 cities and towns, and the government and UNICEF have been discussing a strategy for universal coverage in the towns of two states. The Philippines has three urban projects which focus on organizational development, leadership training, and community participation. Particularly effective community-based health projects are being carried out under the auspices of government and non-governmental agencies in Manila, in Quezon City and Davao City.

The sanitation project in Karachi, Pakistan, is an example of the catalytic effect assistance can have: from 1979 to 1983 UNICEF helped construct 421 latrines in the project area; the people, on a self-help basis and using the UNICEF design, built another 1,346, including 500 in the past year.

In Latin America, the urban community-based services programme in Haiti has become fully operational, including a strong water and sanitation component. The urban primary health care project in Guayaquil, Ecuador expanded its coverage this year. Participants in the Joint UNICEF/WHO Conference on Urban PHC visited the project. The project relies on *promotoras*, locally-recruited women who return to serve in their own neighbourhoods after training. Jamaica is launching an urban basic services programme in Kingston under a noted project funded by Canada. Argentina has formulated a project plan for Buenos Aires which will cover 300,000 people.

UNICEF 112/83/Tacon

UNICEF attempts to recognize and deal with the practical reality of working children in cities. A child worker in El Salvador.

As Africa becomes increasingly urbanized, the need for community-based urban services projects has been made evident. The urban PHC project in Addis Ababa, Ethiopia, is an ideal model in its conception. Under the leadership of the Mayor and the City Council and with the active participation of the city's 284 community organizations, a programme is now in progress to cut infant and child mortality in half by 1988. Child survival and development measures are the heart of the programme: immunization, oral rehydration, breast-feeding and improved infant feeding practices, and growth monitoring. Recruitment and training of community health agents and volunteer neighbourhood health animators is under way and a network of health stations and clinics, backed up by referral and zonal hospitals, is being established. Already, with UNICEF assistance, 100,000 children have been covered by oral rehydration therapy and there are plans to extend coverage to an additional 200,000.

Current estimates place the number of abandoned or destitute children in the tens of millions. The problem is particularly acute in Latin America and some cities of Asia and Africa. In response, UNICEF has developed tentative programme guidelines for work with abandoned and destitute children. These emphasize preventive measures which can be carried out at community-level and provide alternatives to placing children in institutions. UNICEF has been supporting specific programmes in Brazil, Central America, Mexico, Colombia, Ethiopia, and the Philippines. In addition, it has organized and supported a number of meetings to explore the issue further. A study is being prepared and will be incorporated in the report on "Children in Especially Difficult Situations" to be submitted to the Executive Board in 1986.

Another issue is children and work. While the International Labour Organisation has promoted conventions controlling or eliminating child labour, UNICEF has favoured providing basic services to working children while taking measures against their exploitation. The UNICEF approach attempts to recognize and deal with the practical reality of working children in cities. This issue is being explored further and also will be discussed in the 1986 Board paper. □

UNICEF in action: programme commitments in the developing world

Altogether, UNICEF currently co-operates in programmes in 117 countries: 43 in Africa; 27 in Asia; 26 in Latin America; 11 in the Middle East and North Africa.

The programme commitments shown on this map are for multiyear periods, and are exclusively those from UNICEF's general resources. Those commitments being proposed to the April 1985 Executive Board session are indicated in colour, and should be regarded as tentative.

In the case of certain countries, particularly those where a special programme has resulted from drought, famine, war or other emergency, the level of already funded supplementary programme commitments is high enough to make a significant difference to the size of the overall programme. However, since many projects "noted" and approved for supplementary funding are not yet funded, only those programme commitments from general resources are shown.

Higher-income countries, where UNICEF does not have a specific commitment from general resources over a given period, but co-operates in the provision of technical or advisory services, are shown without programme amounts or durations. The 1983 Executive Board approved a block commitment of US$2 million over a two-year period for these countries.

CUBA
1983-86: $178,000

JAMAICA
1986-88: $138,000

HAITI
1982-86: $5,114,000

DOMINICAN REPUBLIC
1984-87: $1,405,000

EASTERN CARIBBEAN ISLANDS[1]
1984-88: $1,500,000

ANTIGUA AND BARBUDA
1983-85: $70,000

DOMINICA
1982-85: $83,000

ST. LUCIA
1983-85: $75,000

TRINIDAD & TOBAGO

BARBADOS

MEXICO
1985-89
$1,479,000

GUATEMALA
1983-86: $2,518,000

BELIZE
1984-87
$168,000

HONDURAS
1984-86: $616,000

EL SALVADOR
1985-87: $852,000

NICARAGUA
1984-85: $315,000

COSTA RICA
1985-89: $248,000

PANAMA
1985-87: $147,000

COLOMBIA
1984-87: $5,790,000

ECUADOR
1984-85: $916,000

GUYANA
1981-84: $544,000

SURINAME
1975-79: $130,000

PERU
1982-85: $3,000,000

PARAGUAY
1985-89: $989,000

CHILE
1985-87: $206,000

VENEZUELA

BRAZIL
1984-87
$2,671,000

BOLIVIA
1984-89
$3,000,000

ARGENTINA

URUGUAY

TUNISIA
1983-86: $1,507,000

MOROCCO
1981-85: $7,612,000

MAURITANIA
1982-86: $1,995,000

CAPE VERDE
1982-85: $252,000

SENEGAL
1984-86: $1,230,000

GAMBIA
1984-86: $389,000

GUINEA-BISSAU
1984-88: $600,000

GUINEA
1985-86: $1,861,000

SIERRA LEONE
1986-90: $4,456,000

LIBERIA
1982-84: $1,180,000

BURKINA FASO
1985-87: $3,935,000

IVORY COAST
1986-90: $1,998,000

GHANA
1985-90: $8,574,000

TOGO
1984-88: $3,533,000

BENIN
1985-88: $3,154,000

TURKEY
1983-84
$460,000

SYRIAN ARAB REPUBLIC 1982-84: $1,460,000[2]

LEBANON 1980-82: $630,000[2]

JORDAN 1982-84: $547,000[2]

CYPRUS

IRAQ

LIBYAN ARAB JAMAHIRIYA

QATAR

OMAN
1985-1990:

YEMEN
1985-86: $1,59

DEM. YEMEN
1985-90: $3,550,000

DJIBOUTI
1986-90: $206,000

SOMALIA
1984-87: $5,035,000

UGANDA
1987-90: $10,305,000

KENYA
1987-89: $6,366,000

RWANDA
1983-85: $2,186,000

UNITED REPUBLIC OF TANZANIA
1983-[illegible]
$13,427,000

SEYCHELLES
1984-86: $124,000

COMOROS
1985-87: $178,000

MALAWI
1984-87: $5,724,000

MADAGASCAR
1985-90
$5,082,000

MAURITIUS
1983-85: $420,000

ZIMBABWE
1984-86: $4,260,000

MOZAMBIQUE
1985-90: $13,370,000

SWAZILAND
1985-88: $594,000

LESOTHO
1982-85: $1,203,000

BOTSWANA
1984-86: $486,000

ZAMBIA 1984-86: $1,477,000

CONGO 1984-86: $334,000

SAO TOME AND PRINCIPE 1981-84: $192,000

CAMEROON 1985-90: $2,747,000

EQUATORIAL GUINEA 1984-87: $374,165

CENTRAL AFRICAN REPUBLIC 1984-88: $2,294,000

AFGHANISTAN
1978-82
$19,366,000

MONGOLIA
1978-82
$310,000

CHINA
1985-89
$60,000,000

NEPAL
1982-86
$12,710,000

BHUTAN
1981-85
$2,086,000

SRI LANKA
1985-88
$3,313,000

MALDIVES
1982-87
$159,000

SINGAPORE

INDONESIA
1985-89: $[illegible],000

East Timor

REPUBLIC OF KOREA
1982-86: $2,716,000

BURMA
1982-86: $27,000,000

BANGLADESH
1982-85: $50,000,000

LAO PEOPLE'S DEMOCRATIC REPUBLIC
1982-86: $4,256,000

THAILAND
1982-86: $14,740,000

PHILIPPINES
1984-87: $10,827,000

KAMPUCHEA
1986: $2,020,000

VIET NAM
1983-86: $27,142,000

MALAYSIA
1983-84: $1,062,000

PAPUA NEW GUINEA
1983-85: $591,000

PACIFIC REGION[4]
1983-85
$1,164,000

[1] Includes Saint Vincent and the Grenadines, Saint Christopher and Nevis, Grenada, British Virgin Islands, Montserrat and Turks and Caicos Islands.

[2] In addition 1984-1987: $1,950,000 for Palestinians.

[3] Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

[4] Includes Cook Islands, Fiji, Kiribati, Niue, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, and Federated States of Micronesia, Marshall Islands and Palau.

The boundaries and names on this map do not imply official endorsement or acceptance by the United Nations.

UNICEF's programme expenditure in different countries is allocated according to three criteria: infant mortality rate (IMR: annual number of deaths of infants under one year of age per 1,000 live births), income level (GNP per capita); and the size of the child population. This year, the IMR criteria (1983 figures) is shown, as follows:

- IMR 150 and above (7 countries)
- IMR 100-149 (44 countries)
- IMR 50-99 (37 countries)
- IMR under 50 (38 countries)

Developed countries are not shaded but most have an IMR under 25.

BEST COPY

BEST COPY

A crafty little character — MALAYSIA

The squatter women in Malaysia have learned to speak for themselves. At town meetings, they are not only seen, but heard. A few years ago this would have been unthinkable; men made all the decisions and the women stayed home. Now, through a UNICEF project named 'Sang Kancil', launched in 13 urban squatter settlements, they have learned to sign their names on cheques, do a bit of accounting, and earn their own money.

During the International Year of the Child in 1979, UNICEF joined forces with Kuala Lumpur's City Hall and the respected gynaecologist, Khairuddin Yusof, and his wife, Khairiah, in an effort to supplement family incomes, provide pre-school education and improve the health of children born into the poorest communities of the city.

Briefing sessions were held in the chosen settlements. Each woman, Khairiah explained, could earn about MR$3.50 a day for a half day's work binding books, sewing soft toys, or making pottery. Consciously designed to attract only the poorest and keenest of the women, the pay was relatively low. A nearby frozen prawn factory paid between MR$6.00 and MR$8.00 a day, but the women in the prawn factory were expected to work a full day and many were forced to lock their children in the house for the entire time.

The UNICEF project, on the other hand, offered part-time work, special training by Khairiah – an arts and crafts teacher – and supervised day-care and pre-school training for their children. Each day-care centre stands next to a health clinic which regularly monitors the children's health.

As its merits have become more obvious, the programme has gathered momentum. A company has been formed with all of the participating women as shareholders.

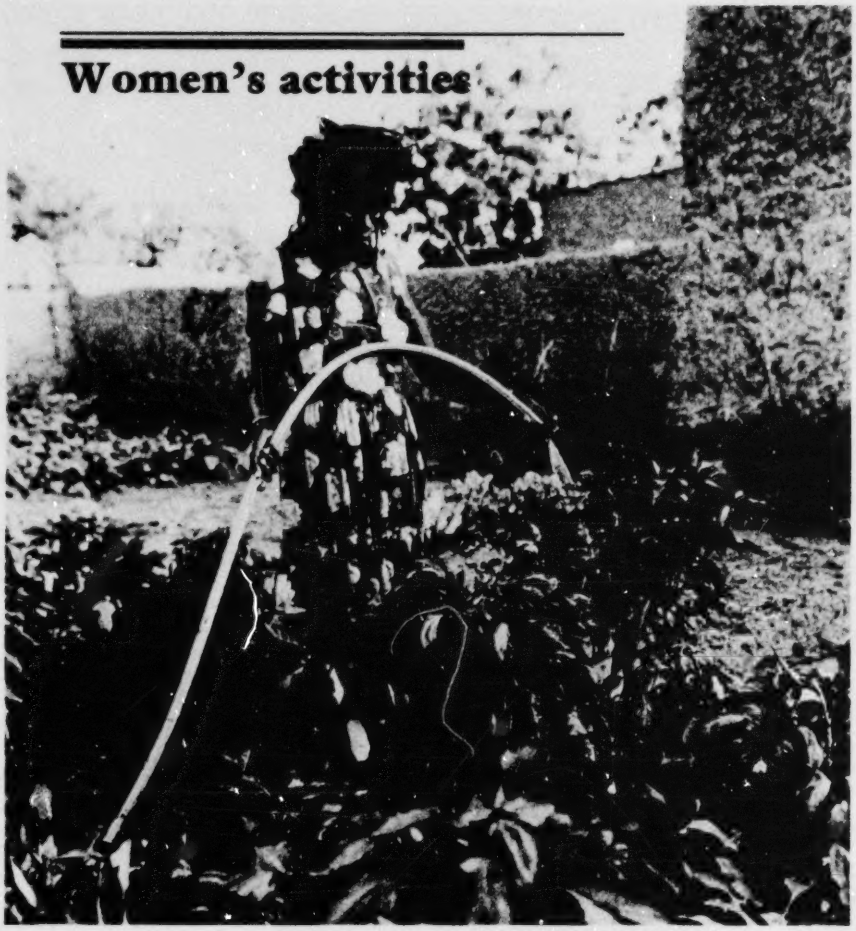
The book-binding works is doing steady business; the toy factory recently took a MR$40,000 order from the Malaysian Airline System for soft batik toys. Professor Yusof reports that the IQ level of children enrolled in the day-care programmes was recently recorded at 10 points higher than children in similar communities without day-care.

As expected, the project has provoked some grumbling from the men in the community. A number of youths in one settlement were outraged to be bypassed in favour of women for an income-generating scheme. Now, with plans for strengthening the pottery works run by women, the 13 communities probably will employ young men for the heavy duties.

The 'Sang Kancil' project has succeeded to such a degree that it is no longer just another pilot project. Planners and participants are thinking about how to expand and strengthen activities. The project is named after a crafty little fairytale character who can thrive in the jungle despite its size, and it is hoped that the children of Sang Kancil, armed with better education, better family income, improved nutrition and health care, will do the same in their concrete jungles.

UNICEF/1034-84/Faisal Peto.

Women's activities



UNICEF 1986 82 Murray Lee

Women play a primary role in food production in African drought-stricken areas. A co-operative member watering her garden in Chad.

Strengthening women's ability to play their essential role in child survival and development continued to be an integral element of UNICEF co-operation. An analysis of current programmes reveals the following emerging trends in UNICEF support: a stronger emphasis on food production and nutrition, and health-related programmes in drought-stricken areas; combining income generation with education/literacy programmes; increasing support to national level seminars and workshops; increasing co-operation with national women's organizations; and adopting a long-term development strategy in meeting emergency situation needs.

The food crisis in drought-stricken areas has rekindled an awareness of the primary role women play in food production, as well as underscoring that women and children are the prime victims in times of food scarcity. UNICEF supported programmes in a number of countries aimed at strengthening women's food production capacity through access to improved agricultural techniques, and better credit and marketing facilities (see profile page 30). In Zambia, UNICEF helped the government to: monitor the drought situation; improve its collection of data on the nutritional status of women and children; re-orient functional literacy programmes to educate women in health, nutrition, and the planting of drought-resistant crops; and train Traditional Birth Attendants and other health agents. UNICEF is also working with the Zambian Government on plans to improve the cultivation capacity of households headed by women, provide supplementary feeding programmes for pregnant and nursing women, and underweight children, and back agricultural development programmes that increase food security at household levels.

UNICEF provided seeds and equipment for community market gardens in Senegal and Mauritania, where such gardens are a source of income for a large number of women. In Senegal, women were trained in management skills, and food storage and preservation. In Botswana, UNICEF-supported clinics have planted vegetable gardens to produce food for malnourished children and to help educate mothers about nutrition. In Thailand, a revolving loan fund has been established for community food production and processing activities.

UNICEF support to food production programmes in Zimbabwe has been extensive. Funds have been allocated to assist women's groups engaged in food production, train extension workers and NGO representatives to treat malnourished children, and supply simple educational aids to

SOCIAL SERVICES FOR CHILDREN: In 1984 UNICEF

- co-operated in social services for children in 97 countries: 43 in Africa, 23 in the Americas, 20 in Asia and 11 in the Middle East and North Africa region
- supplied equipment to more than 28,500 child welfare and day-care centres, 23,100 youth centres and clubs and 23,700 women's centres
- provided stipends to more than 13,000 women and girls for training in child care, homecrafts, food preservation and income-earning skills
- provided stipends to train some 97,900 local leaders to help organize activities in their own villages and communities
- provided equipment and supplies to 1,000 training institutions for social workers, and training stipends for 20,200 child welfare workers

home economics demonstrators who provide nutrition information to women's groups.

UNICEF continued to support traditional income-generating activities for women in many countries. In Egypt, for example, activities included sewing, poultry breeding, and sheep-raising. Assistance also has combined income-generation with education and literacy programmes. In Zimbabwe, UNICEF granted funds to participants in a literacy programme to initiate their own economic activities. In Indonesia, support strengthened the production capacity of rural groups involved in self-help literacy and income-generation efforts.

UNICEF's growing commitment to non-traditional income-generating activities for women is evident in Pakistan, where it supports stone-carving, candle-making, and the construction of low-cost ovens. In Laos, UNICEF is financing a tour to India for a women's group that wants to learn how to manage village-level weaving co-operatives. These and other programmes represent a shift away from the "welfare" approach in women's income-generating activities to one that emphasizes production systems and self-reliance.

Support for child care is another important area of programmes for women. In a number of countries UNICEF is providing supplies and equipment to child care centres and grants for the training of child-minders. In parts of Ethiopia, child-care centres, by freeing mothers from full-time child care, have enabled women to become members of local producers' co-operatives. The centres also provide an entry point for the introduction of other community-based services.

In Morocco, the *Foyers féminins* offer child care services, while training mothers in income-generating skills. In the Dominican Republic, China and Thailand, UNICEF has been supporting the training of pre-school education promoters—training which encourages the development of leadership skills among rural women. In Thailand, UNICEF is assisting an experimental programme to develop a nation-wide system of pre-school care.

Increasingly, co-operation with national women's organizations is being emphasized, as they are effective vehicles through which to promote child survival and development prac-

An appetite for change

Women are the backbone of this harsh mountainous country. One recent survey showed that women contribute half the household income, men 44 per cent, and children aged 10 to 14 the remainder. Yet barely 5.6 per cent of Nepalese women have time or opportunity for an education; only rarely does a woman own property in her name; and almost never does she make a decision on important matters such as money or community needs.

A number of women in five Nepalese communities have embarked on a process aimed at redressing some of these inequities. Since the mid-seventies, Nepal's Agricultural Development Bank (ADB) has spearheaded a scheme to make commercial loans available to groups of poor farmers who can, collectively, guarantee a loan. Now, with UNICEF's help, this programme has been expanded to include women.

UNICEF/1035/84/Cameron

At first, it was difficult to persuade women to form active self-help groups. Sri Laxmi, a middle-aged mother of five children who lives on a small farm overlooking Budhanilkantha, recalls the initial reaction of local women to Bhisma Ojha, a women's group organizer.

"When Bhisma Ojha asked us to borrow money we first of all said this was the business of the men. They are the people with time to go to the bank. Women have too much work to do. We do not know about writing or filling the bank's forms. But Bhisma kept on coming up here; she brought the forms here. She wrote on them for us. She told us we could use the bank's money to buy goats and

NEPAL

chickens and she said that her money was cheaper than the village money lender's. She did all of this for us, so in the end we agreed."

The group of women formed naturally. For years they'd worked side by side in each other's paddy fields, sowing and reaping the rice harvest. They'd gathered wood together, collected water together, and watched their children grow up together.

Using the loan money the women have raised goats and chickens, bought beehives and fertilizer, and materials for making paper files they subsequently sold to the local ADB office. The original loan has been fully repaid and they even have a group savings account in the ADB that Bhisma set up for them. The ADB is quite satisfied: repayment rates from the women's groups are significantly higher than from the men's groups.

The economic successes of the women's groups helped breed an appetite for further change. Loans at each of the project sites now cover a multitude of community needs, including a drinking water system, latrines, and a community centre where literacy classes can be held. UNICEF has provided trained support staff to help establish community projects. A special consultant has been contracted to develop a health component which will integrate the main elements of the Child Survival and Development Revolution into everyday village life.

Bhisma Ojha says: "The women in Budhanilkantha say that the bank has changed their lives. They did not believe that they could talk about money the way they do now. They did not think they could have such ideas about how to change things. When I came here four years ago, I could not find a single woman who was interested in joining our 'small farmers' group. Today, the women are beginning to come to me."

tices. In 1984, UNICEF established contact with women's organizations in Iraq, Indonesia, Syria, Somalia, and Laos among other countries and is providing technical support to such organizations to strengthen their capacity.

Workshops and seminars in a number of countries explored such matters as the impact of the economic recession on women's programmes; women and health; women and the media; and strategies and programme priorities for women.

UNICEF field offices continued to report various problem areas in implementation and management: shortage of technically-qualified staff; poor supervision and monitoring; slow release of government funds; and, in hardship areas, decline in community contributions. In addition, some programmes fail to recognize the need to draw women into the mainstream of development. Ultimately, for women's programmes to succeed, they must equip women to play a full part in community life. □

Childhood disabilities

Prevention and rehabilitation

UNICEF-assisted activities for the prevention and rehabilitation of childhood disabilities have increased significantly since 1980, when the Executive Board broadened UNICEF's approach after re-examination of the policy on childhood disabilities. Many countries already supported immunization against infectious diseases, provided vitamin-A and other nutrition supplements to children, and trained traditional birth attendants. UNICEF's policy was expanded to include the need for more effective prevention of childhood impairments, the need to reduce the effects of disability through early detection and intervention, and the need to use the family and the community as the primary means of service delivery. Accordingly, UNICEF is working to help countries implement the policy and, within the framework of primary health care, to devise affordable family and community services for children who are handicapped.

UNICEF 313/83/Sprague

UNICEF is working to devise affordable family and community services for disabled children. A blind child at school in Mali.

A few examples will illustrate the integrated approach UNICEF is helping countries pursue. In Sri Lanka, prevention and rehabilitation are part of a district development project. As many as 20 per cent of the school children surveyed had acquired disabling impairments, in most cases because of inadequate immunization. Training for community level workers has begun. Workers in the programme have concluded that a change in the level of childhood disabilities will be a powerful indicator of the success or failure of other UNICEF-assisted programmes. In India, together with the Ministry of Social Welfare, UNICEF is working with more than 30 non-governmental organizations to integrate community-based preventive and remedial measures into the Integrated Child Development Services Programme, which covers a population of more than 100 million people.

In Botswana, UNICEF is supporting a project which includes training in childhood disability detection for primary school teachers. In Nicaragua and the Philippines, teachers, health workers, and community workers were trained in disability detection, intervention and prevention. Assistance was also provided for teacher training materials related to childhood disabilities in Sudan, Syria, and Mauritius. □

Appropriate technology

Appropriate technology is an integral part of a community-based programme strategy with the goal of enabling people to control and improve their own lives. Over sixty UNICEF-assisted country programmes, representing all regions of the developing world, now include appropriate technology components; Chile, Ethiopia, Kenya, India, Indonesia, Mexico, Nepal and Senegal have substantial appropriate technology components. The Eastern Mediterranean and North Africa region has just begun an appropriate technology programme. Activities include developing technologies related to food production processing and storage; health and sanitation; water resources, building materials; and new and renewable sources of energy.

In several countries, new fuel-efficient stoves have been introduced to address the problem of the high cost and scarcity of firewood. Metal-working artisans in Rwanda have been trained to make improved traditional charcoal stoves and these are selling well in the shops. Fuel-efficient smokeless stoves are being introduced in several countries, including Ethiopia and Nepal.

Unsold fresh fish from the day's catch in Ghana are preserved in the improved traditional fish drying and smoking units, the "chorker", then sold in the cities. It is a useful source of protein in special foods for young children, including weaning food. In Thailand, an innovative project for fish breeding and distribution has resulted in the increased availability of high-protein food for children and improved breeding techniques.

Over 200 diesel engine-driven small-scale cereal and legume milling units set up in rural areas in several African countries are not only reducing women's food preparation time, but are also providing valuable business opportunities for the women's groups that run the majority of the mills. A few management and accounting problems exist, but the initial technical problems have been resolved. Potential exists to mill local grains and legumes for the production and promotion of special foods for young children.

As a result of a UNICEF/WHO evaluation of midwifery kits and materials provided for pregnancy and perinatal care, equipment is being eliminated or changed for more efficient use. A system of periodic field assessments is being instituted.

In autumn 1985, a global workshop on appropriate technology for primary health care will meet in Sri Lanka to chart future developments. □

Programme su

Programme communication

The use of communication forms an integral part of advocacy and programme implementation, and is critical to successful programming at the country level. This is achieved through international, national, and community mobilization and education through the use of mass-media and inter-personal communication and its use is evident throughout this report.

In Colombia, UNICEF assisted a national immunization campaign in which an estimated one million small children were immunized against four major childhood diseases. Without the intense involvement of the print and broadcast media, such numbers would not have been reached (see profile page 14).

In Nigeria, UNICEF staff worked with media and communication organizations, as well as with government authorities and local traditional leaders, to involve mothers in an immunization campaign in the Owo area. The objective: to make mothers aware of simple technologies that reduce infant mortality. The impact was profound–the number of fully immunized children rose from under 10 per cent in August 1983 to over 80 per cent in August 1984 (see profile page 15).

In Oman, a communication survey was conducted in co-operation with the Ministry of Information and other government bodies. An overall communication strategy to launch programmes focusing on ORT, immunization, and growth monitoring was developed. In Bangladesh, UNICEF collaborated with governmental and non-governmental agencies in launching an ORT campaign covering 42 districts. A multi-media marketing plan was adopted to disseminate knowledge on home preparation of oral rehydration solutions. Media campaigns to promote breast-feeding were carried out in Ivory Coast, Haiti, and the Philippines. In Indonesia, co-operation continued with government authorities in the production of a popular television puppet series.

In Mozambique, the social commu-

port activities

UNICEF 9289 Akil Khan

Communication helps promote simple technologies to reduce the IMR.

nications programme started with UNICEF assistance some years ago was extended to 83 villages in six of the nation's 10 provinces. The objective is to establish village-level expertise in various areas, particularly health, and to assist in the development of local planning capacity. Village-level training is coupled with a mass media campaign, operating through national broadcasting networks, the print media, and mobile teams using vehicles equipped with loud speakers, film projectors, photographic exhibits and puppet theatres. Many of the activities have been successfully implemented through the Mozambican women's organization. This programme is creating a network through which to carry child survival and development messages to all levels of the society, particularly to the villages.

Monitoring and evaluation

In 1984, the Executive Board reaffirmed the importance of evaluation activities. UNICEF moved to strengthen its own capabilities and those of its national partners, assist in the collection and analysis of programme related evaluative information, and improve retrospective and on-going evaluation.

Most field offices gave high priority to strengthening their monitoring and evaluation capacity. In Nepal, for example, a system to monitor up-to-date information on project output and number of beneficiaries was introduced. In Kenya, a social impact appraisal system is currently being refined; in Thailand, a village-based system to monitor the health status of pregnant women and pre-school children is being tested.

Several offices experimented with micro-computers to track project inputs and results. At Headquarters, a task force has been developing a system for the storage and ready retrieval of project information from existing financial and supply records.

At the national level, several training programmes have helped strengthen the capacity of UNICEF staff and government officials in evaluation. For example, primary health care evaluation workshops were held in Bangkok and Hargeisa (Somalia). Other efforts are underway within the context of programme implementation. In Sri Lanka, for example, UNICEF is helping to strengthen the government's capacity to monitor the impact of child survival and development interventions. In Egypt, a proposal is being developed that will lead to the creation of a child health status monitoring system.

Mortality studies have been conducted in Afghanistan, Zaire, Ivory Coast, Chile, and Tunisia and are planned elsewhere. The Social Assistance Secretariat in Mexico is being assisted to study ways in which labour, legislative, economic and other factors have influenced the decline in breastfeeding. These are just a few of the many evaluative activities now incorporated in UNICEF-assisted programmes.

Most of the evaluations undertaken during 1984 concentrated on priority programmes related to Child Survival and Development. EPI evaluations were conducted in many countries, including Liberia, Sao Tome and Principe, Ivory Coast, Zaire, Comoros, Rwanda, and Syria. The results emphasized the need to increase coverage and address deficiencies in cold chain systems, training, health education, and transportation.

Evaluations are also being conducted in other sectors, including evaluations of a cash-for-work project and an out-of-school education project in Ethiopia; the impact of social communications on basic health practices in Burundi; a primary education project in Madagascar; and small industrial projects and training of traditional birth attendants in India. Projects are being reformulated to address deficiencies identified by the evaluations.

Many evaluations are being conducted jointly with other UN agencies and other donors. In Angola, for example, a joint evaluation of the first phase of a water project included UNCDF, UNDP, UNICEF, and the Government. UNICEF's assistance to the essential drugs programme in Bangladesh was reviewed with SIDA/DANIDA. In Indonesia, Malawi, Lesotho, Haiti, Tanzania, Burma, Dominica, St. Vincent, Ethiopia, Sudan, and Mozambique

Twice a day, villagers from Maeha 3 and Maeha 5, two small northern Thai settlements, can be found in front of the local temple discussing crops, children, and community activities. Intong Intarawero, the Buddhist monk who runs the temple is pleased to see them there, although he knows that they have not come for his blessings alone.

Before and after the day's work in the fields, the temple loudspeakers carry the familiar voices of Boworn Buttawajana and Sawat Pankeon, graduates from Chiang Mai University, who have come to Maeha with some other teachers to launch this programme. They relay a host of messages from the outside world, including hints about crop management, animal husbandry, cooking, food preservation, nutrition, and child care. They also talk about subjects like personal hygiene and family planning, subjects which young health workers are sometimes reluctant to introduce in their face-to-face contacts with villagers.

Since 1977, UNICEF has supported government efforts to train more than 380,000 Village Health Communicators (VHCs) and 39,500 Village Health Volunteers (VHVs) to introduce primary health care methods in three-quarters of the nation's villages. At first many volunteers and communicators are still unsure of themselves and of how their new ideas will be received. By reinforcing health and nutrition messages, and promoting the status of the health care workers, Boworn and Sawat help open the villagers' minds and doors to the VHCs and VHVs.

This kind of support might well be crucial to the success of the national primary health care effort in Thailand. One UNICEF survey found that although the drop-out rate of health trainees has been very low – around 7 per cent – as many as 30 per cent did little or no work when they returned to the field after training.

Watana Tunwai, one of the four VHVs in Maeha 5, says the broadcasting programme has made a lot of difference to her. Watana believes that ignorance, not food shortage or poverty, is often the reason for poor health in her village. "Some people are just not aware of the need for a balanced diet," she says, "some of the poorest families in the village never suffer malnutrition because the mothers have the skills to balance a diet even with small incomes. These mothers have a lot to offer others." The broadcasts have already stimulated discussion in the village. Watana is hoping to use the broadcasts to form discussion groups and encourage people to share their experience.

In addition to the broadcasting programme, the teachers from Chiang Mai have set up a reading centre in a small thatched hut near the temple. They gathered dozens of magazines and comic books to establish a library. Posters on nutrition, messages on the need for clean water, and other subjects cover the hut walls.

Mrs. Pranee Thaiwatananont, who trained these teachers at Chiang Mai and heads the adult education extension programme, pioneered both the broadcasting system and the reading centres. She is convinced of the important role they can play in education and development.

Although there is one primary school for every two villages in Thailand, UNICEF has found that almost one third of those who graduate from primary school revert to functional illiteracy within three years, largely for want of materials or other incentives to continue reading. In Maeha there were no newspapers or books before the teachers arrived. Now interest is picking up and parents and their children have begun to visit the reading centre.

"The teachers and the broadcasts can help to change many things," says Watana. "To get things going, everyone must be thinking and talking about the issues all the time."

UNICEF/646/83/Smith

other examples of collaborative evaluation abound.

To improve the use of knowledge gained from evaluation, the following problems must be overcome, including the diversity of evaluation reports which makes comparability difficult; the absence of systemic reporting procedures; the lack of an adequate strategy for disseminating information derived from reports; and the lack of adequate staff and financial resources. UNICEF is addressing these problems in 1985.

Technical co-operation among developing countries

In 1984 UNICEF actively supported developing countries in the exchange of knowledge, experience and technical skills related to health, nutrition, and other needs of children.

In August/September, along with WHO and UNDP, UNICEF sponsored an inter-regional seminar in Sri Lanka on "Health for All." The seminar, attended by 28 ministers and senior decision-makers from 13 countries, explored how Sri Lanka, despite its relatively low GNP, had been able to obtain significant reductions in its infant and maternal mortality rates.

UNICEF arranged, organized, and financed many study tours between countries such as the reciprocal visits of social statisticians between Tanzania and Ethiopia. Participants from ten developing countries attended a UNICEF-supported training course in district management of primary health care held in Zambia.

UNICEF also supports the provision of technical assistance from key institutions in developing countries. For example, the International Centre for Diarrhoeal Disease Research, Bangladesh, has provided technical assistance and training to staff not only from Bangladesh, but also from 33 other developing countries.

Technical co-operation among developing countries is one of the most effective ways to promote the rational and efficient use of resources. Because of the proven success of such co-operation, UNICEF hopes to increase its support in coming years.

Inter-agency collaboration

Links between UNICEF and other UN bodies were intensified in 1984. The Executive Director had a series of meetings with the heads of a number of agencies, including the World Bank, IMF, UNDP, WHO, and WFP to explore opportunities for further collaboration.

A close working relationship with UNDP in the field continued with UNDP's involvement in country programme previews and reviews. UNICEF continued to participate actively in all inter-agency Water Supply and Sanitation Decade activities chaired by UNDP.

The four-agency Joint Consultative Group on Policy, comprised of UNDP, UNFPA, WFP, and UNICEF, continued to meet regularly, concentrating on opportunities for greater collaboration in health and nutrition.

Contacts were established with a number of agencies and institutions, including the World Bank, IMF, and ILO, on the impact of the world recession on children. The Bank and the ILO agreed to collaborate directly with UNICEF in assessing the child-welfare implications of various adjustment measures governments are taking.

The long-standing and very close collaboration between UNICEF and WHO was deepened during 1984. The heads of the two organizations had intensive consultations to ensure that UNICEF's advocacy of the Child Survival and Development Revolution and WHO's objective of "Health for All in 2000" reinforce and complement one another. In Jamaica and Sri Lanka, both agencies jointly convened two important inter-country conferences on continuing advocacy of primary health care at senior policy level. Currently, WHO is assisting UNICEF in a comprehensive revision of the basic UNICEF guidelist for programmes of health training and equipping basic health facilities. □

Advocacy for children

A revolution beginning

An extremely successful 1985 *State of the World's Children* report accelerated support to African nations in emergency situations, and involvement in major children's programmes reaffirmed the importance of the communication and information elements in child survival and development activities this year.

The 1985 *State of the World's Children* report focused on how the lives of an estimated half million children had been saved by oral rehydration therapy even though less than 15 per cent of the world's families were using this technique to prevent diarrhoeal dehydration. Supported by in-depth, world-wide research, especially in developing countries, the report for 1985 appeared simultaneously in English, French, Spanish, Arabic and Portuguese, and was translated in part or in whole into more than 40 other languages. Over 10,000 copies of the complete press kit and 135,000 individual reports were dispatched from five main translation points to the media, UNICEF offices, and National Committees. Long-term promotion will be enhanced by the commercial publishing and distribution of the report in English, French and Spanish, which is intended for audiences such as educational and research institutions.

In large part, the success of the report derived from the follow-up activities undertaken by a number of country offices and National Committees. UNICEF Tanzania, for example, designed an advocacy pamphlet in Kiswahili on the state of the Tanzanian child, for distribution to teachers and community leaders around the country. In India, special endorsements were widely broadcast on local language services around the country and made available for showing in the nation's 46,000 cinemas. Around the world, the report was endorsed by national leaders, ministers, and other opinion leaders.

Reports from Europe, North Amer-

As the song goes — JAMAICA

"When de baby reach four months old
There are things you should be told
Give the thick porridge from a spoon and dish
And den you will get all you wish. . ."

These words are sung by primary school children in the poorest neighbourhoods of St. Thomas, where development planners have found that child care is very often children's work.

In large Jamaican families, mothers commonly rely on their eldest children to help care for the youngest. UNICEF has been working with a number of schools in St. Thomas to turn that situation to a unique advantage.

UNICEF, with the Health and Education ministries and the Tropical Metabolism Research Institute of the University of the West Indies, is helping to train primary school teachers in young child nutrition, environmental health, and child development. All three subjects have been integrated into a Grade IV curriculum for 9 to 11 year olds.

The jingles, which teach about breastfeeding, weaning, personal hygiene and emotional support, are signature tunes for the programme. UNICEF's Project Director, Jennifer Knight, reports that the words and Caribbean beat are catching on in the children's homes.

Illiteracy has prevented many Jamaican parents from learning any more about child care than their own parents were able to pass on to them. Now school children can introduce new methods to their parents and younger siblings, as well as use them when they become parents later in life.

"We are getting there slowly," says Ms. Knight. "Our long-term goal is to integrate child health and development into the national school curriculum."

The child-care courses are designed for readers and non-readers, placing emphasis on songs and messages in pictures which can be equally appreciated by the parents.

In the first semester, students are taught the importance of food for the young child's growth. In the second, they are taught how to make their environment a safe and healthy place. The third emphasizes play, and the need to encourage young children. As the song goes:

"Praise him when he is right
Then he will be bright . . .
Praises mek him learn
Never to be too stern."

More than 300 school children are currently involved in the programme. A preliminary evaluation indicates programme success, so UNICEF has decided to extend the programme to other locations. Parents and teachers report that the classes have helped many children come to terms with daily life. Teachers say the children await these lessons eagerly. One school reported that if a lesson were missed, the children would chant—"we want child care, we want child care."

ica, and regional centres in the developing world indicate that virtually all major newspapers gave the report prominent coverage, often in editorial as well as news columns. Several newspapers timed the coverage of issues concerning children to coincide with the publication of the report. This trend is invaluable because it promotes the adoption of the essential concerns which underline the child survival and development campaign.

Audio-visual activities in support of the 1985 *State of the World's Children* report were intensive this year. Video tapes were disseminated through an international television news agency to approximately 100 affiliates worldwide. Many UNICEF country and regional offices successfully initiated local co-productions on child survival and development themes, and these were screened in December to coincide with the launching of the report in London by the Executive Director. The launch received massive broadcasting support; for example, the BBC's World Service prepared programmes for world-wide distribution in 18 languages.

In addition, 1984 audio-visual activities included a film on the advantages of breast-feeding produced in cooperation with WHO and designed for hospital administrators and medical staff; a film examining the success of community participation in a Nigerian water project; and a wide range of co-

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productions with television networks in Europe, Japan, Africa, and elsewhere.

The information support given to African countries in emergency situations accelerated dramatically in the last month of 1984, as world-wide public concern about the gravity of the African crisis took hold. There were encouraging signs in the media of the industrialized countries that attention was finally being focused on the underlying causes of the situation and long-term needs, as well as on the most immediate crisis needs. UNICEF's role in Africa received considerable attention. The United States National Committee alone reported logging over 4,600 press articles referring to UNICEF activities in Africa. National Committee staff, through visits to Africa and activities at home, made a major contribution to the level of awareness in industrialized countries. They assisted print and electronic media staff on numerous occasions in Africa, and through materials issued on their return were able to increase public awareness and frequently sparked major fund-raising campaigns. Film and video materials were widely distributed, including a successful satellite feed to the United States that resulted in direct transmission of footage on Ethiopia to 85 local stations. Special materials were produced for the Africa Conference held in New York in October; *UNICEF News* and *Ideas Forum* devoted special issues to Africa.

International Youth Year

The world youth population – defined by the UN as persons 15 to 24 years of age – was 738 million in 1975 and is expected to rise to 1,180 million by the year 2000. 1985 has been designated by the UN General Assembly as International Youth Year (IYY) – a year in which the world focuses on the problems and aspirations of youth and seeks to provide them with greater opportunities for participating in the development process. The themes of the year are: Participation, Development, and Peace.

UNICEF's main IYY thrust is "Youth in the Service of Children". A number of imaginative activities have been initiated at country level – and, in some cases, on a country-to-country basis. In the Philippines, for example, a community-based health programme in Davao City is being expanded to include the training of older children as "health scouts". They will monitor the personal hygiene of their younger siblings, help prevent accidents in the home, and dispense simple remedies such as oral rehydration solutions. In Afghanistan 400 youths aged 14 to 18 will assist Kabul health workers in immunization, oral rehydration, and other child-survival measures. In southern Chile, UNICEF, along with a private regional development group, is helping implement a "CHILD-to-child" programme. Sixty young people are being trained as health monitors to work with families in poor communities.

In Burkina Faso and Democratic Yemen, school children are participating in campaigns to wipe out illiteracy. Youth of Burkina Faso will spend their vacation months of July, August, and September helping launch literacy programmes in all the country's written languages, under the banner "*Alphabétisons les autres*" – roughly, "Let's Make the Others Literate". In Democratic Yemen, the "Youth in Service for Youth" campaign actually started in 1984, when more than 20,000 boys and girls from the country's secondary schools began teaching classes of 10 to 12 literacy students each.

Youth from Ethiopia's secondary schools have volunteered in large numbers to help out in the relief camps. In Batti Camp, for example, they register newcomers, help them obtain food, shelter and medical help, and cook food for distribution to the weakest. In Kampuchea, where a decade of war left thousands of orphans, about 5,000 children from 8 to 18 are now being taken care of by a network of 30 orphanages. The older children are being trained to provide for the younger ones by raising food, making clothing, and building and repairing houses.

Several National Committees for UNICEF have taken the lead in co-operation between youth in different countries. The UK Committee, for example, has teamed up with the UK Scout Association in a "Scouts for Water" project. For some time, Sri Lanka's Scouts have been helping out on a UNICEF-assisted water supply scheme in Kalutara District. Scouts and Cub Scouts in the UK are now raising funds to support the Sri Lankan Scouts in this work, and exceptional UK Scout units will visit Sri Lanka to lend personal help.

The German Committee is organizing German youth in an effort to collaborate with the urban basic services programme in Colombia, which has a large youth action component. The Committee hopes to establish direct links between youth groups in the Federal Republic and youth groups in Colombia. The Norwegian Committee is inaugurating a school-to-school pilot project between schools in Bergen and three schools in Uganda. With the help of information materials supplied by the Ugandan children, Bergen children will raise funds for a water supply project in Uganda.

Tetsuko Kuroyanagi, UNICEF's Goodwill Ambassador, visiting East Africa.

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UNICEF's "goodwill ambassadors" and special fundraising events

The plight of Africa's children was the leading concern of many special events in 1984. When Goodwill Ambassador Tetsuko Kuroyanagi, one of Japan's best-known television personalities and novelists, visited East Africa, her trip sparked widespread TV publicity and a successful fundraising appeal on her return home. Liv Ullmann con-

tinued her many public appearances for UNICEF and in January and February visited UNICEF-assisted projects in Egypt, Yemen Arab Republic, and the Sudan. Following her visit to Mali in April, she addressed the Executive Board in Rome on the growing crisis in West Africa. Her media tour of the United States in December culminated with public appearances in Washington on the date the *State of the World's Children* report was launched.

The Puerto Rican teen-age pop-music group, Menudo, recently appointed Youth Ambassadors for UNICEF, gave a successful benefit concert in Washington and supported UNICEF in Latin America. Goodwill Ambassador Peter Ustinov participated in a number of high-level briefings and media interviews. Danny Kaye highlighted his support for UNICEF's work when he was honoured by the Kennedy Center in Washington in November 1984.

Special events in developing countries also ignited interest in UNICEF. A successful concert benefiting nutrition programmes for needy children was held in Bangkok, in January. Thai singers and musicians were joined by artists from Japan and the Vienna Art Orchestra.

A major CSDR exhibit, with emphasis on water supply and sanitation, was featured at the Louisiana World's Fair and other CSDR exhibits were prepared for conferences in Washington and Cuba, as well as for UNICEF offices in Angola, Haiti, Manila, Addis Ababa, and Nairobi.

Taking advantage of an annual sales campaign that extends to 130 countries, the Greeting Card Operation included Child Survival and Development Revolution messages on millions of greeting-card brochures, corporate kits and card display albums, posters, shopping bags, ad sheets, information leaflets, and decals. Ten thousand child survival revolution kits were distributed worldwide, along with 200,000 sets of a special photo-note series showing the four Child Survival and Development Revolution priority actions. A poster showing that the net profit of one UNICEF card is sufficient to provide vaccines to immunize a child against five of the six immunizable child-killing diseases helped boost both card sales and public awareness.

UNICEF's Special Envoy

In 1984, HRH Prince Talal entered his fifth year of dedicated service as Special Envoy for UNICEF. For the first time, he addressed UNICEF's Executive Board during its 1984 session in Rome. In a frank and vigorous statement reflecting his concern for children, he conveyed to Board members first-hand impressions gained during his extensive travels in the developing countries on UNICEF's behalf. He called upon the industrialized countries to increase their assistance to the Third World, and at the same time asked the developing countries to strive for self-reliance and efficiency in the use of their available resources.

UNICEF 1030/84/d'Agence

HRH Prince Talal Bin Abdul Aziz Al Saud, UNICEF's Special Envoy, on one of his many missions.

The Prince's travels in 1984 included Egypt, the People's Democratic Republic of Yemen, the Netherlands, Belgium, Yugoslavia, and Pakistan.

In a forceful statement to the participants at the programme strategy meeting for the Middle East and North Africa Region in Amman in September, the Prince underscored the potential impact of UNICEF assistance in the region.

He drew attention to the high average infant mortality rate in the Arab countries including the higher income ones—and stressed the need for intensified co-operation for social development between Arab countries and UNICEF.

In December 1984 Prince Talal announced that he was relinquishing his function as Special Envoy to devote greater attention to his other responsibilities, especially those relating to AGFUND. In a statement issued at this time, UNICEF Executive Director James P. Grant said: "I would like to take this occasion to express the deep gratitude we in UNICEF feel for the efforts HRH Prince Talal has made on behalf of the world's children for nearly five years—and to look forward to a continuation of this support in different forms in the future... We appreciate the assurance from HRH Prince Talal that the concerns of children will continue to receive the priority they now enjoy with AGFUND and that he personally will continue to be involved in private-sector fundraising locally, regionally and internationally. He has proven a most eloquent spokesman on behalf of children and the importance of their well-being to the future of all of us."

AGFUND

The Arab Gulf Programme for the United Nations Development Organizations (AGFUND) has entered its fourth fiscal year (September 84/August 85). At its meeting in October 1984, AGFUND approved, among other contributions, US$3 million for a number of UNICEF projects. UNICEF is expecting further allocations to its projects during the remainder of this fiscal year. In order to better record contributions with fiscal years, UNICEF began, in 1984, to record AGFUND income on the basis of specific project allocations rather than on the basis of pledges for the entire fiscal year, as was the practise in the past. Due to this accounting change, there will be a one-time lower income level from AGFUND in 1984.

In early 1984, ILO became the eighth United Nations organization to benefit from AGFUND assistance. This list now includes: FAO, ILO, UNDP, UNEP, UNESCO, UNICEF, UN Trust Fund for the International Year of Disabled Persons and WHO.

UNICEF has been co-ordinating an inter-agency effort to provide information to AGFUND and two inter-agency meetings have been held. A long-term workplan has been approved by all agencies and submitted by UNICEF for consideration by HRH Prince Talal and AGFUND.

AGFUND was established in April 1981 on the initiative of HRH Prince Talal Bin Abdul Aziz Al Saud, who was elected its President. Its Administration Committee – the equivalent of a Governing Board – is composed of AGFUND's seven Member States: Bahrain, Iraq, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates. A comprehensive booklet on AGFUND and its operations was produced in the summer of 1984 by UNICEF on behalf of AGFUND.

The Belgian Survival Fund

Established in October 1983, the Belgian Survival Fund for the Third World (BSF) aims to ensure "the survival of persons threatened by hunger, malnutrition and under-development in regions of the Third World which register the highest mortality rates due to these causes." The Belgian Government is channeling part of BSF's resources through a group of UN agencies: WHO, UNICEF, UNDP and IFAD (International Fund for Agricultural Development), with IFAD as the focal point.

The first countries selected for BSF projects are Kenya, Uganda, and Somalia. The projects will be implemented over a period of five to six years at a total cost of US$56 million. They aim to enable rural populations to become self-sufficient and to promote their own development. UNICEF has actively co-operated in the missions which framed these projects, and will play a major supervisory and procurement role in the first project to be launched: a Farmers' Groups and Communities Support project in Kenya. □

Emergency relief and rehabilitation

The African emergency

Disaster relief efforts overshadowed long-term development projects in many parts of Africa and a few in Asia and the Middle East last year. But the drought, floods, and political conflict were dramatic reminders of how vulnerable the poorest countries are.

Africa remains the most tragic example. In good seasons today, the continent grows barely half its food needs. Population has been growing faster than domestic food production for at least a decade. More people raising ever-larger herds of cattle, goats and camels on marginal dry lands, destructive farming practices, and the systematic cutting of wood for fuel, have exposed millions of acres of otherwise productive land to erosion, making it vulnerable to the spreading northern deserts. Ecologists report that the Sahara has been expanding southwards at a rate of six to twelve miles a year for more than a decade.

When drought and famine reached alarming proportions in the Sahel in 1983 and 1984, victims, donors and

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Of the 1984 emergencies, Africa remained the most tragic example. Victims waiting for food supplies in Ethiopia.

agencies were ill-prepared. Obstacles ranged from the mobilization of aid to the transportation, storage and delivery of emergency supplies inland. By the time help arrived, thousands already had perished and millions more were abandoning their fields and villages for relief shelters and swelling shantytowns.

While substantial relief efforts helped millions survive in more than a dozen countries in 1984, African nations will not recover from their present plight and achieve some measure of self-sufficiency unless these efforts are accompanied by long-term commitments to domestic food production, self-sustaining, community-based services, and development of human resources. An estimated 11 to 14 thousand African children under five years of age were dying every day from easily preventable causes before drought and famine reached their present crisis proportions–the needs of today's survivors will continue long after the drought passes.

The African situation was one of the main concerns of the Executive Board's regular meeting in Rome. With the crisis swelling to unmanageable proportions, the Executive Director launched an international appeal for about US$50 million to support actions in 13 seriously affected countries (Angola, Burkina Faso, Cape Verde, Chad, Ethiopia, The Gambia, Ghana, Mali, Mauritania, Mozambique, Niger, Senegal and Zimbabwe) and in eight others, (Botswana, Djibouti, Guinea, Kenya, Lesotho, Sao Tome y Principe, Sudan and Uganda). A further meeting was held at the end of October and the appeal raised to US$67 million. By the end of February 1985 US$28 million had been raised, with another US$14 million in prospect.

The Board endorsed accelerated programmes in the region, as well as the allocation of US$2.8 million from the Emergency Reserve Fund for Africa during the first three months of 1984, and the earmarking of US$7.2 million from the Infant Mortality Reduction Fund for child survival and development actions in Africa. It also approved US$23.6 million in new programme commitments from general resources and US$15 million in new noted projects for 12 countries.

A major effort was made in 1984 to strengthen staff in UNICEF field

"I want to go back home"— ANGOLA

Ten-year old Maria Eduardo was working in the fields when her mother, father, and five small brothers and sisters were killed in an attack on their village. "I hid in the tall grass," she told a UNICEF worker at an orphanage in Huambo. "When the attackers left, I came here. I don't want to go back. I have no one to stay with. . . no more family."

Since gaining independence in 1974, Angola has been beset by intense hostilities. Over the past four years, an already difficult situation has been exacerbated by severe drought in the central and southern provinces.

At least one million people have been forced off their land by failed crops and fighting. Most have converged on the traditionally richer agricultural provinces of Huambo, Bié, and Huila. It is estimated that almost half are mothers and children; most of them are undernourished and vulnerable to disease. Hundreds, like Maria, are abandoned or orphaned, living in overcrowded institutions around the country.

A recent survey by the International Committee of Red Cross reported 30 per cent severe malnutrition among under-fives in Benguela Province, 24 per cent in Huambo City.

These problems compound the already serious consequences of under-development. The estimate of infant mortality rates averaging 160 per thousand is considered optimistic. One third of Angola's children die before their fifth birthday. In parts of Angola, almost as many children die before five as survive.

Food shortages have been exacerbated by sabotage attacks on the Benguela railway which carries relief stocks from the port of Lobito to the central provinces. Transportation by road fares little better–shortages of manpower, trucks, and spare parts have drastically decreased the number of vehicles on the road.

Rain in February and March should have been a blessing–instead, it came in torrents. Heavy flooding destroyed seedlings and young plants, inundated pastures, and swept away roads and housing.

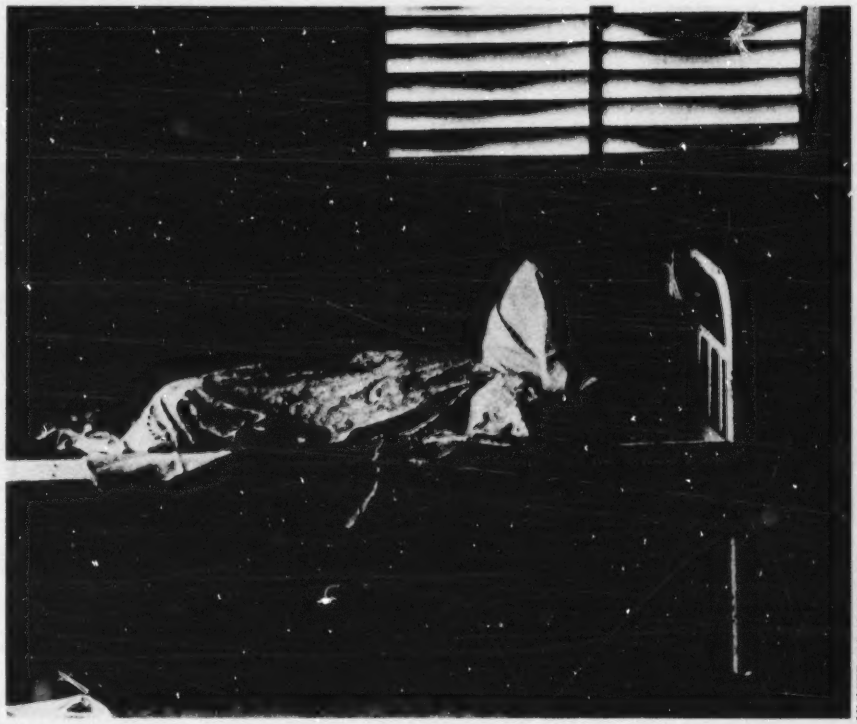
Despite the severity of its problems, Angola has not attracted the attention of the mass media, or assistance on the massive scale it needs. UNICEF has been one of the few agencies helping from the start. On 25 August 1983, the Executive Director launched an appeal for US$4.75 million to provide 220,000 Angolan mothers and children with drugs and other basics, like clothing, blankets and soap. The needs grew faster than the response and in 1984 the appeal was increased to $7.5 million, while by year's end contributions amounted to $1.2 million.

The invasion in December 1983-January 1984 displaced an additional 127,000 people–many of whom fled their homes with only the clothes on their backs. Pending the international assistance which is the only real hope of improvement, Angola has done what it can to organize help for the displaced and affected populations. For many of the children and mothers, assistance is a matter of life or death.

Lucas and Clementine, 15 and 9 years old respectively, are staying in the same orphanage as Maria Eduardo. Both children were injured when their village was attacked. They managed to get to the Central Hospital at Chitembo, and were evacuated to Huambo. They have no news of their families. Clementine feels the pain of the bullet still in her left leg. When asked what she will do, she says: "I want to go back home."

offices in Africa. Over the year, staff in posts were increased by almost one third in East Africa and by about two thirds in West Africa. Programme strategy was also clarified and strengthened. A special strategy meeting in Nairobi in February 1984 brought together Headquarters, regional, and country representatives. Working relations with national and non-governmental organizations have been intensified. Inter-agency co-operation was strengthened through several appointments made by the Secretary-General. Particularly important at the end of 1984 was the appointment of the UNDP Administrator, Mr. Bradford Morse, to be the Director of the Office of Emergency Operations in Africa, to co-ordinate the work of UN agencies involved in emergency operations in Africa. Over the year, UNICEF has worked closely and strengthened its co-ordination, notably with the World Food Programme (WFP), to help meet the food and nutrition needs of the most vulnerable population groups, in particular, infants and children.

In the Africa crisis child survival gained a new urgency. A child suffering from infection and malnutrition in a clinic in Mali.



UNICEF 1038/84/Dancis

EMERGENCIES: In 1984 UNICEF

- assisted 21 countries hit by disasters: 14 in Africa, 5 in Asia, 1 in the Middle East and North Africa, and 1 in the Americas
- expended US$4.3 million from the Executive Director's Emergency Relief Fund and channelled special contributions amounting to US$25 million for shelter, medicaments, water supply, equipment, food supplements, and other essentials
- supported the initiative of the UN Secretary General in mobilizing extra resources for victims of drought, famine, and conflict in Sub-Saharan Africa; and continued to co-operate in a major UN programme in Lebanon
- provided relief for typhoon and flood victims in the Philippines, Thailand, Laos, Kampuchea, and Argentina; and helped contain epidemics of meningitis in Nepal.

The Executive Director and senior staff visited Burkina Faso, Ethiopia, Ghana, Mali and Tanzania with representatives of other United Nations and bilateral agencies. In Angola, ICRC supports a national vaccination programme with equipment and vaccine provided by UNICEF.

In the Africa crisis child survival gained a new urgency: UNICEF intensified its response to activities designed to combat or prevent infection and malnutrition together with the delivery of basic services.

Flexibility, innovation and ingenuity are critical to success in emergency situations.

In Ethiopia and Mali, for example, UNICEF provided support to near-destitute families by buying cattle unsaleable under the prevailing market conditions, and arranging for the meat to be dried and distributed through supplementary feeding centres.

In Mozambique, emergency funds were used to provide fuel to keep WFP food convoys running. For the longer term, a transportation expert is drafting a plan for the maintenance and maximum utilization of the local fleet trucks.

In Mali and Senegal, funds were used to hire local relief vehicles and airlift high-protein biscuits to food distribution points.

Technical assistance was provided for food and nutrition planning in Botswana, Lesotho and Zimbabwe.

By year's end, Sudan was added to UNICEF's list of most seriously affected countries; in all of them UNICEF is working closely with bilateral agencies and non-governmental organizations to provide medicines.

In Chad and Mali UNICEF helped arrange mobile medical teams financed by Italy, Sweden, Switzerland, and a Norwegian church aid group. In general the flow of medical supplies and equipment, plus vehicles and support for the training of health workers, has significantly increased both the capacity and reach of health services in many emergency countries.

Immunization efforts have been stepped up in Angola, Chad, Ethiopia and Mozambique through the provision of "cold chain" equipment, pedo-

jets, and transportation for government medical teams.

Assistance to water and sanitation projects in the most seriously affected countries has been accelerated. There was a marked increase in the delivery of drilling rigs, pipes and pumps.

In Ethiopia, UNICEF helped pioneer a cash-for-food community work scheme that has far-reaching implications for the way emergency relief and rehabilitation might be approached in the future. The cash support has helped to avoid starvation by stimulating supplies from the local market. The community work has activated small-scale cultivation, particularly the use of local water sources for micro-irrigation at the community level. Conservation practices and measures, such as ponds, mini-dams, dykes and terracing, are part of an effort to improve local water management.

An analysis of previous famines suggested that lack of money to buy food rather than the absence of food itself was the problem. Pressure on the poor to sell their farming tools for money to buy the food they could no longer produce resulted in increasingly large-scale destitution.

Even in regions where food stocks existed close to areas of crop failure, peasants suffering the cumulative effects of several years of drought often had no alternative but to leave their communities for relief shelters because they could no longer afford to buy food. It was assumed that it would be cheaper to make small monthly payments to tide over such needy families, rather than undertake expensive and complex large-scale relief feeding in camps. This has been done on an experimental basis and the assumption has proved correct. Moreover, the approach has been not only somewhat cheaper, but also incomparably more effective.

In 1984, 1,500 families at four project sites in the regions of Gondar and Shoa were each given 35 Birr (US$17) a month for a six-month period, to buy food at local markets, together with tools and seed so they could work their land.

In one community, the farmers worked on terracing hillside land and learned to plant vegetable gardens and grow drought-resistant crops. Able-bodied recipients work one or two days a week on community projects. So far, they have built a road, a health clinic, a children's playground, and an irrigation system for a barley crop. Instruction was given in basic hygiene and sanitation, and with the help of outside expertise, two springs have been capped to give the community clean drinking water. Health records for 255 children under five show that the number of underweight children in the community has been halved.

Direct cash assistance to each family has enabled them to get food without delay, cut transport costs, and remain in their community–some have even put aside some of the money to buy livestock and farm implements for the future. Several families among the poorest have been reunited: thirteen family heads at one project site reported that they had brought home a total of 31 children sent away to work for wealthier farmers or to stay with relatives because their parents could not feed them.

Cash-for-food schemes can only be applied where a marketable surplus of food exists, but last year's experience in Gondar and Shoa suggests that in these circumstances cash support can provide faster, cheaper, and more productive relief.

Other emergency assistance

Worldwide, the Executive Director's Emergency Reserve Fund last year responded to 21 emergencies affecting children and mothers. Other emergency activities were supported from country programme budgets and special contributions.

Two-thirds of those emergencies were in Africa; however, typhoons and flooding in Asia and the Americas, and continued fighting in Lebanon also tested UNICEF's response capacity last year.

A typhoon which swept through the southern and central provinces of the Philippines on 2 September cut off more than 135,000 families from food supplies and services and left more than half of them homeless.

The destruction of health centres exacerbated the situation. UNICEF responded to a request from the Minister of Health by importing US$116,000 worth of medicines, vitamins, oral rehydration salts, water purification tablets and health centre equipment, and made arrangements to supply Surigao City, one of the most severely affected areas, with pipes, fittings and pumps to restore a safe supply of drinking water.

Roofing, lumber, cement and other materials were provided for the reconstruction of 55 health centres and about 100 water supply systems; supplementary food supplies were brought in for pre-school and primary school children.

Because virtually all food crops were destroyed, UNICEF invested US$84,000 in an innovative community gardening programme. About 3,000 gardening kits containing seeds, fertilizer and basic tools were distributed to schools and community groups in the affected areas. Each kit contained a selection of 10 different vegetable types which would provide for the balanced nutrition of growing children.

UNICEF provided US$50,000 each to Thailand, Laos, and Kampuchea for medical supplies, basic drugs, vitamins and oral rehydration salts, after a typhoon caused extensive flooding and triggered widespread outbreaks of malaria, dysentery, diarrhoea and respiratory diseases among children.

A joint effort was also launched with WHO in Nepal to help avert an epidemic of meningitis. Vaccines, syringes, needles, and spare parts for pedo-jets were airlifted from UNIPAC at a cost of US$50,000.

In South America, flooding left thousands of Argentines homeless in the outer provinces of Formosa, Chaco, and Sante Fe, and caused a rapid decline in the health and nutrition of children. UNICEF provided ORS and antibiotics costing US$33,000 to combat diarrhoeal, respiratory and skin diseases.

In Lebanon, UNICEF and other United Nations agencies, under the United Nations Assistance for Reconstruction and Development of Lebanon (UNARDOL), played a major role in the repair of damaged pipes, wells and sanitation facilities in 300 centres in Greater Beirut, when water and electricity supplies were once again disrupted by fighting. UNARDOL provided emergency power generators and helped to truck water to displaced families in 37 centres while UNICEF provided 100 kits of emergency medical supplies for a total operational cost of US$210,000. □

UNICEF's finances: income, commitments, and expenditures 1984-1985

Income

UNICEF's income is comprised of voluntary contributions from both governmental and non-governmental sources.

Total income in 1984 came to US$332 million. A decision was taken, beginning in 1984, to delay recording the income of certain donors by one year, so that it would accord better with their fiscal years. This has led to a one-time decrease of about US$20 million in 1984.

In addition, the continued strengthening of the US dollar in relation to other currencies has decreased 1984 income by about US$20 million.

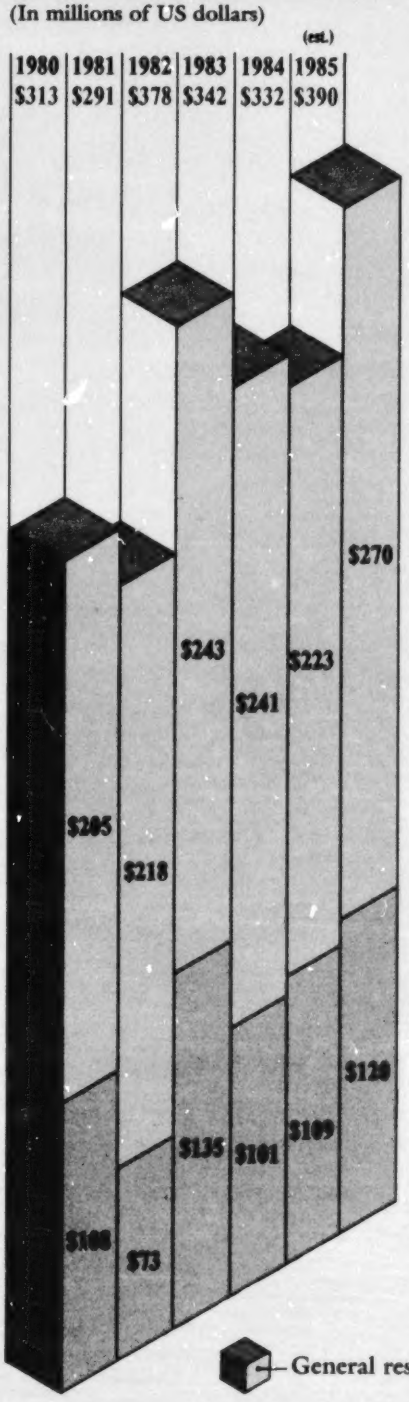
Without the effects of the accounting change and exchange rate fluctuation, 1984 income would have been higher than the 1983 level. The 1984 income figure included US$24 million of contributions for the Africa Emergency, a response to the Executive Director's appeal for US$67 million.

In 1984, income from governments and inter-governmental organizations accounted for 80 per cent of UNICEF's total income; non-governmental income accounted for 20 per cent, five per cent less than in previous years. These proportions were affected by the recording delay but are expected to regain former levels in the next fiscal year. The pie charts on page 46 show the division between governmental and non-governmental income for the years 1980 and 1984. The map on pages 44 to 45 shows individual governmental contributions by country for 1984; a list of non-governmental contributions by country appears on page 46.

UNICEF's income is divided between contributions for general resources and contributions for supplementary funds and emergencies. General resources are the funds available to fulfill commitments for co-operation in country programmes approved by the Executive Board, and to meet programme support and administrative expenditures.

UNICEF Income 1980-85

(In millions of US dollars)



General resources include contributions from more than 150 governments; the net income from the Greeting Cards Operation; funds contributed by the public, mainly through National Committees; and other income.

Contributions are also sought by UNICEF from governments and inter-governmental organizations as supplementary funds to support projects for which general resources are insufficient, or for relief and rehabilitation programmes in emergency situations which by their nature are difficult to predict.

As illustrated by the bar chart on this page, about 30 per cent of UNICEF's total income over the period 1980-1984 was contributed as supplementary funds and for emergencies.

Projects funded by supplementary funds contributions are normally prepared in the same way as those funded from general resources. Most are in countries classified by the United Nations as "least developed" or "most seriously affected".

As a result of pledges at the United Nations Pledging Conference for Development Activities in November 1984, and pledges made subsequently, UNICEF's income for general resources in 1985 is expected to total US$270 million. Some of the larger increases pledged in national currency so far are from Austria, Belgium, Denmark, Finland, German Democratic Republic, Hungary, Italy, Poland and Switzerland. Certain governments have yet to pledge.

Expenditures

The Executive Director authorizes expenditures to fulfill commitments approved by the Board for programme assistance and for the budget. The pace of expenditure on a country programme depends on the speed of

1984 governmental contributions (in thousands of US dollars)

Contributions to UNICEF's general resources are shown at right; additional contributions for supplementary funds and emergencies are shown in colour, at left.

The World on the Azimuthal Equidistant Projection centered at New York City.

OCEANIA

Australia
4,608.4 . . . . 2,026.8

Fiji 1.9

New Zealand
234.9 . . . . . 460.5

Samoa 1.0

Tonga 5.9

NORTH AMERICA

Canada
6,729.6 . . . . . 12,321.3

United States of Ame.ica
1,046.0 . . . . . 52,500.0

LATIN AMERIC

Antigua
. . . . . 0.

Bahamas
. . . . . 3.

Barbados
. . . . . 5.

Bolivia
6.0 . . . . . .

ASIA

Afghanistan 30.0
Bangladesh 7.2
Bhutan 3.6
Brunei 1,000.0
Burma 204.5
China 350.0
Hong Kong 14.5
India 1,671.4
Indonesia 537.0
Japan 69.4 ..... 12,428.1
Lao People's Democratic Republic 5.0
Malaysia 106.0
Maldives 3.0
Mongolia 3.5
Nepal 15.8
Pakistan 51.0
Philippines 458.7
Republic of Korea 147.0
Sri Lanka 10.1
Thailand 279.6
Viet Nam 6.0

EUROPE

Austria 268.1 ..... 702.3
B.S.S.R. 70.2
Belgium 79.4 ..... 866.7
Bulgaria 60.9
Czechoslovakia 82.6
Denmark 11,613.6 ... 5,044.9
European Economic Community 1,306.9 .....
Finland 1,245.7 .... 5,919.6
France 239.5 ..... 4,074.1
Germany, Democratic Republic 107.7
Germany, Federal Republic of 1,353.6 .... 5,327.9
Greece 2.0 ..... 135.0
Holy See 1.0
Hungary 21.0
Iceland 8.3
Ireland 446.3
Italy 19,179.8 .. 13,934.1
Liechtenstein 2.0
Luxembourg 32.3
Malta 4.6
Monaco 3.3
Netherlands 3,095.1 .... 6,797.4
Norway 5,752.0 ... 15,457.3
Poland 56.9
Portugal 15.0
Romania 12.2
Spain 440.0
Sweden 8,424.8 ... 20,121.2
Switzerland 5,298.0 .... 3,947.2
Ukrainian S.S.R. 140.4
U.S.S.R. 758.4
United Kingdom 1,300.5 .... 8,020.1
Yugoslavia 247.3

MIDDLE EAST

Arab Gulf Fund 575.0 ..... 3,926.3
Algeria 142.0
Bahrain 15.0
Cyprus 80.6 .....
Democratic Yemen 7.0
Egypt 82.2
Iraq 96.8
Israel 50.0
Jordan 26.5
Kuwait 200.0
League of Arab States 51.5 .....
Lebanon 6,102.1 ..... 50.0
Morocco 288.6 ..... 100.0
Oman 50.0
Saudi Arabia 1,000.0
The Opec Fund 655.0 .....
Tunisia 105.5
Turkey 93.3
Yemen 22.2

AFRICA

Benin 9.0
Botswana 9.7
Burkina Faso 6.4
Burundi 1.6
Cameroon 68.5
Congo 12.8
Djibouti 2.0
Ethiopia 49.3
Ghana 9.6
Guinea 1.0
Kenya 17.7
Lesotho 2.0
Madagascar 11.0
Malawi 3.3
Mauritius 3.3
Nigeria 289.0
Rwanda 4.0
Senegal 6.0
Sierra Leone 37.9
Somalia 2.3
Sudan 35.3
Swaziland 3.7
Togo 1.1
Uganda 1.8
United Republic of Tanzania 16.7
Zaire 2.0
Zambia 11.7
Zimbabwe 22.9

Brazil 75.8 ..... 100.0
British Virgin Islands 0.2
Chile 50.0 ..... 50.0
Colombia 394.3
Costa Rica 34.4
Cuba 117.0
Dominica 1.0
Dominican Republic 2.0
Ecuador 25.4
Guatemala 45.2
Guyana 4.5
Honduras 20.0
Jamaica 4.3
Mexico 355.5
Nicaragua 10.9
Panama 22.0
Peru 120.0
Saint Vincent and the Grenadines 0.8
Trinidad & Tobago 10.4
Uruguay 2.6 .....
Venezuela 199.7

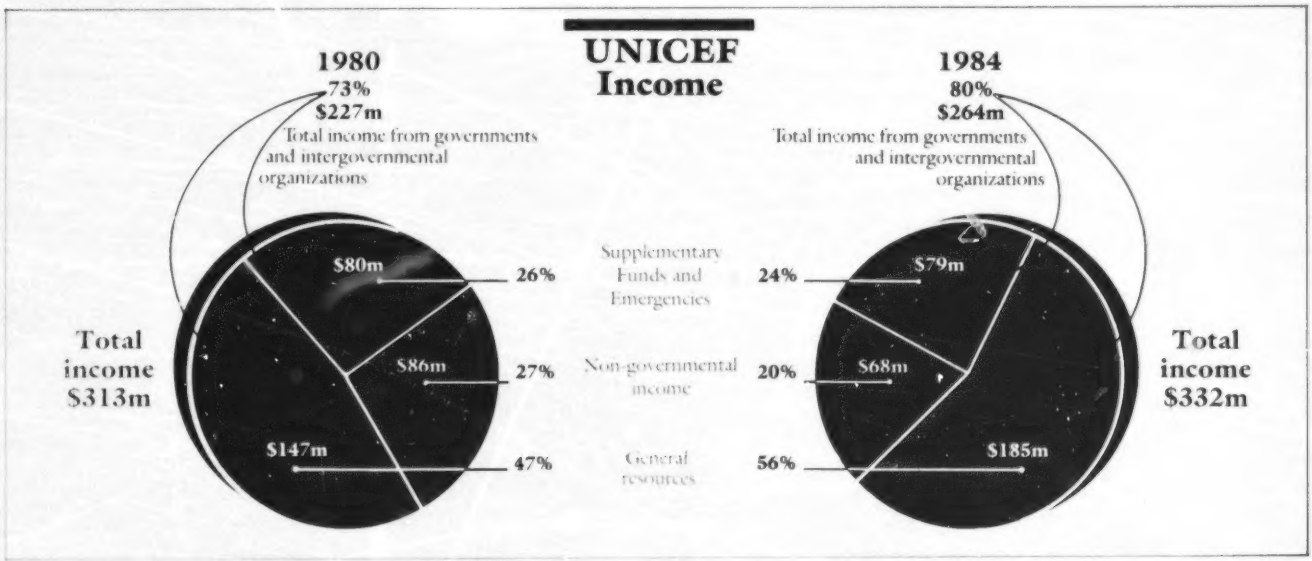
1984 non-governmental contributions (in thousands of US dollars)

Countries where non-governmental contributions exceeded $10,000 (figures include proceeds from greeting card sales)

Algeria	237.3	Germany, Federal Republic of	6,577.1	Nigeria	60.4
Angola	209.1	Ghana	37.6	Norway	854.4
Arab Gulf Fund	751.4	Greece	371.7	Pakistan	52.3
Argentina	60.1	Guatemala	26.7	Panama	19.4
Australia	1,723.4	Guinea	12.3	Paraguay	52.3
Austria	845.2	Guyana	17.9	Peru	132.0
Bahrain	68.7	Honduras	11.9	Philippines	48.4
Bangladesh	25.1	Hungary	77.5	Poland	196.1
Belgium	1,019.3	India	650.4	Portugal	63.4
Brazil	690.1	Indonesia	164.2	Qatar	14.0
Bulgaria	572.3	Iraq	158.4	Republic of Korea	25.5
Canada	12,834.2	Ireland	66.9	Romania	36.5
Chile	36.5	Italy	2,300.7	Saudi Arabia	168.1
Colombia	161.7	Ivory Coast	20.3	Senegal	26.8
Costa Rica	25.1	Japan	4,327.9	Singapore	11.7
Cuba	74.7	Kenya	11.6	Spain	1,908.8
Cyprus	66.2	Kuwait	21.5	Sri Lanka	21.0
Czechoslovakia	169.8	Lebanon	63.3	Sudan	13.6
Denmark	672.7	Luxembourg	170.1	Sweden	1,190.3
Dominican Republic	39.8	Malaysia	21.0	Switzerland	5,015.9
Ecuador	44.8	Mexico	128.2	Syrian Arab Rep.	13.5
Egypt	31.5	Monaco	14.0	Thailand	68.0
Ethiopia	19.5	Morocco	29.0	Trinidad & Tobago	26.2
Finland	1,098.6	Mozambique	80.6	Tunisia	15.3
France	7,605.0	Netherlands	4,224.3	Turkey	104.7
German Democratic Republic	77.1	New Zealand	139.4	United Arab Emirates	57.6

implementation in the country concerned.

In 1984, UNICEF's total expenditures amounted to US$345 million. Of this total, expenditures for programmes came to US$244 million: US$109 million in cash assistance for project personnel, training costs and other local expenses and US$135 million for supply assistance. The cost of programme support services was US$60 million. Other administrative



United Kingdom of Great Britain and Northern Ireland	1,310.8
United Republic of Tanzania	66.1
United States of America	6,046.0
Uruguay	52.1
Venezuela	22.2
Viet Nam	10.6
Yemen Arab Rep.	16.1
Yugoslavia	418.3
Zambia	11.6
Contributions from UN Staff	86.1
Contributions under $10,000	189.8
TOTAL	**67,309.7**
Less costs of Greeting Card Operations*	(20,010.3)
Net available for UNICEF assistance	47,299.4

*Costs of producing cards, brochures; freight, overhead, adjustments.

costs amounted to US$41 million.

The bar chart on this page shows expenditures on programme assistance for 1980 to 1984. The bar and pie charts on page 48 show programme expenditures by sector from 1980 to 1984, by amount and proportion respectively.

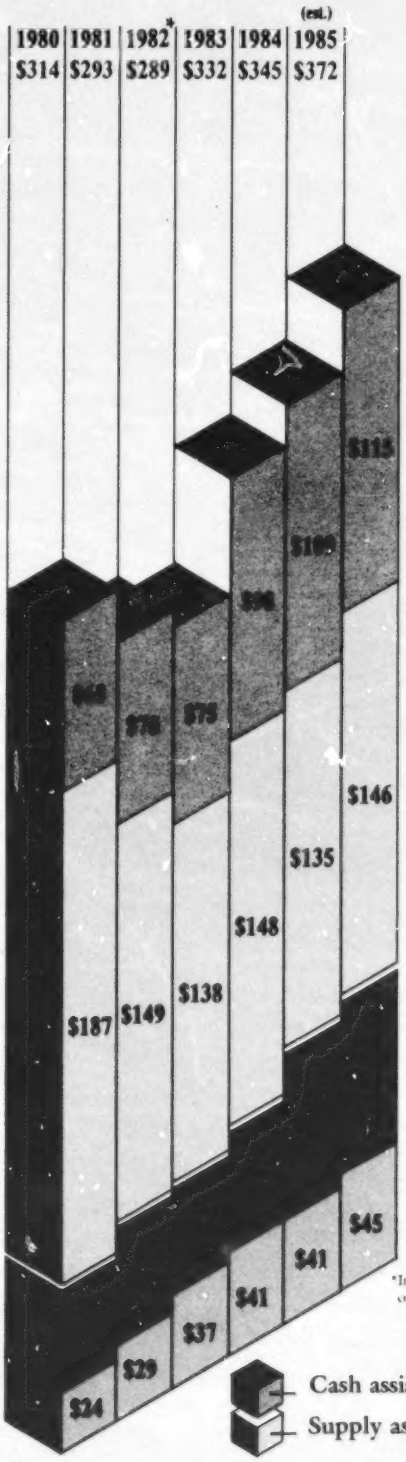
Financial plan and prospects

The effects of the global recession are most acute among women and children in the developing world, but the amount of development assistance available to help them has been reduced.

UNICEF is striving to maintain the level of its resources in real terms at a time when support to multilateral agencies is still affected by the global recession of the early eighties and by dramatic currency fluctuations. In this

UNICEF Expenditures 1980-85

(In millions of US dollars)



*In 1982 the definitions for "programme support" and "administrative costs" expenditures were altered

situation, UNICEF is endeavouring to persuade donor governments to maintain their social development assistance, and tc increase the level of their contributions to UNICEF in real terms. UNICEF is also encouraging the non-governmental sector, through the National Committees and NGOs, to further expand their important contributions.

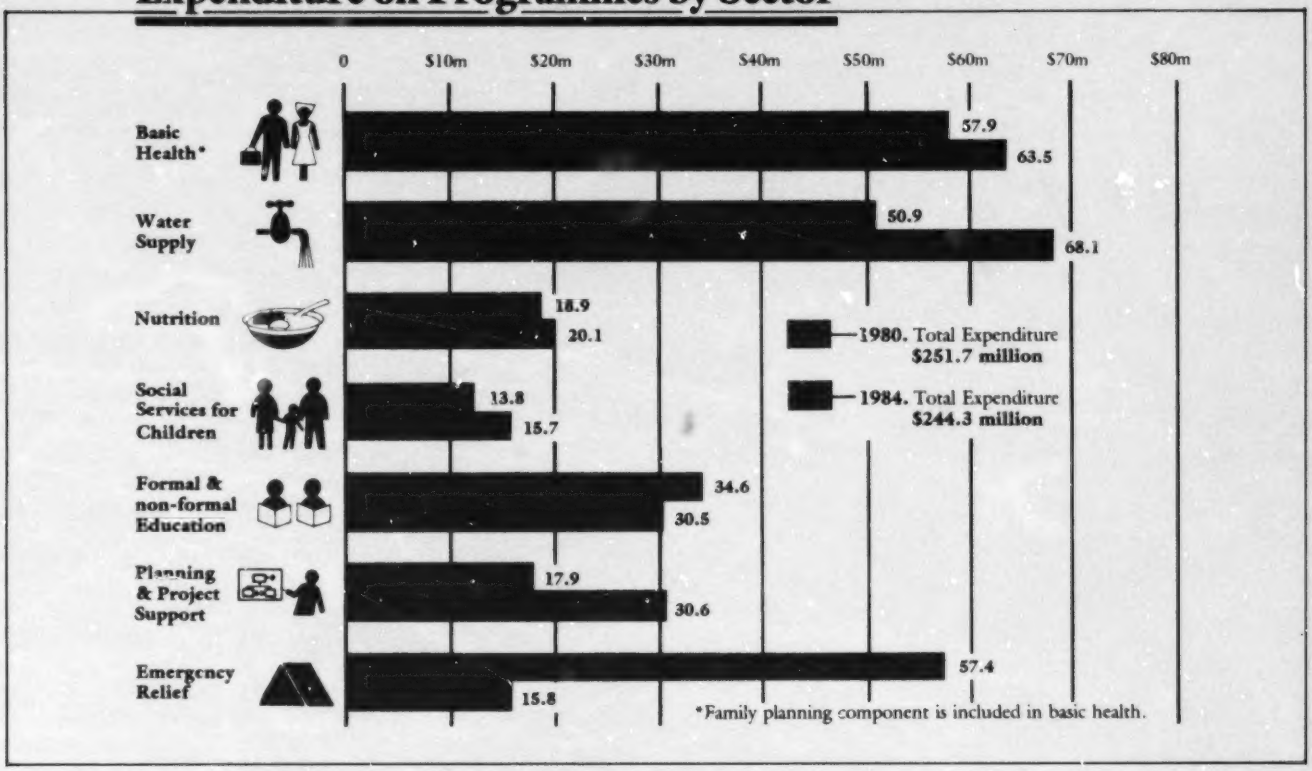
At the April 1985 session of the Executive Board, proposals for new or extended multi-year programme commitments in 25 countries will be submitted. UNICEF currently co-operates in programmes in 117 countries. The proposed new commitments total US$303 million from UNICEF's general resources and US$223 million for projects deemed worthy of support if supplementary funds are forthcoming. Programme commitments from general resources for all the countries where UNICEF co-operates are shown on the map on pages 26-27. It also indicates countries for which commitments from general resources are being proposed at the 1985 Executive Board session.

A Medium Term Plan covering the years 1984-1988 will be submitted to the Executive Board at its April 1985 session.

The biennial budget 1986-1987

In the preparation of budgetary proposals for the 1986-1987 biennium, UNICEF completed an extensive review of all its field offices. The Budget Review Committee travelled to each of the six regions to analyse together with regional directors and country representatives the proposals submitted. Budgetary requirements for human and financial resources were reviewed in light of programme priorities, office structures, and office workplans. The overall objective of

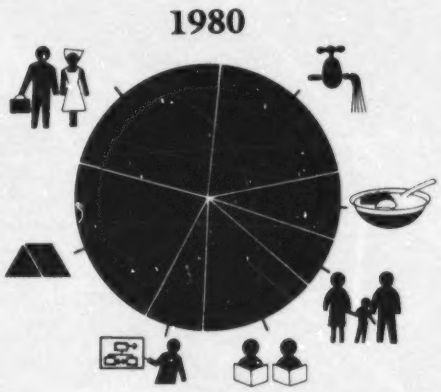
Expenditure on Programmes by Sector

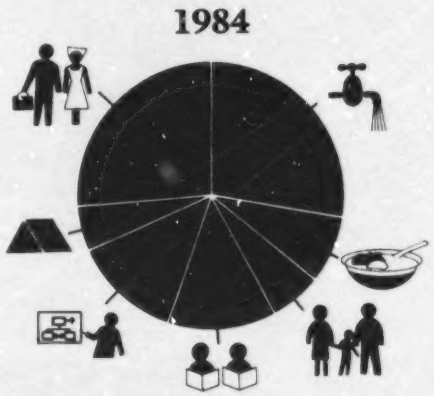


this budget exercise was to find the most effective and efficient means to redeploy budgetary resources to meet increasing and changing work requirements and to strengthen UNICEF capacity in the African regions.

The budget proposed for 1986-87 represents a significant redeployment of 22 core posts (21 international professional and 1 general service) from headquarters locations. Excluding the proposed increase in posts for Africa, there is a net overall reduction of 33 core posts for the remainder of the organization. The proposed overall cost of the administrative and programme support budget for the 1986-1987 biennium is $251.2 million. Excluding additional activities planned for Africa, incremental rent costs for headquarters, and a continuation of investment in computer equipment, the remaining budget growth will be 0.7 per cent below the calculated inflationary costs of 5 per cent per annum.

In the proposals for the 1986-1987 biennium, the limited number of additional core posts required to upgrade ten sub-offices to the country office level in Africa are in line with estimates made in the "Medium-Term Plan for the Period 1983-1987" (E/ICEF/1984/3): 16 compared to 15 international professional posts, 43 compared to 22 national professional posts and 67 compared to 64 general service posts. This proposal represents UNICEF's response to the crisis in Africa and the Executive Board's concern that, to the extent possible, the strengthening of the African regions is offset by redeployment from headquarters and other field offices.





Liquidity provision

UNICEF works with countries to prepare programmes so that commitments can be approved by the Executive Board in advance of major expenditures on these programmes. UNICEF does not hold resources to cover the cost of these commitments, but depends on future income from general resources to cover expenditures. The organization does, however, maintain a liquidity provision to cover temporary imbalances between income received and spent, as well as to absorb differences between income and expenditure estimates. □

What UNICEF is and does

Origins and current mandate

UNICEF was created as the United Nations International Children's Emergency Fund on 11 December, 1946, by the first session of the United Nations General Assembly. In its early years, UNICEF resources were largely devoted to meeting the emergency needs of children in post-war Europe and China for food, medicines and clothing. In December 1950 the General Assembly changed UNICEF's mandate to emphasize programmes of long-range benefit to children of developing countries. In October 1953, the General Assembly decided that UNICEF should continue this work indefinitely and its name was changed to "United Nations Children's Fund", although the well-known UNICEF acronym was retained.

In 1976 the General Assembly proclaimed 1979 as the International Year of the Child (IYC) and made UNICEF lead agency within the United Nations system co-ordinating support to IYC activities, most of which were undertaken at the national level. At the end of 1979, the General Assembly gave UNICEF the primary responsibility within the United Nations system for IYC follow-up. UNICEF thus became responsible for drawing attention to needs and problems common to children in both the industrialized and the developing worlds. While extending UNICEF areas of concern, the new function did not diminish the Organization's overriding preoccupation with the problems of children in developing countries.

Combining humanitarian and developmental objectives, UNICEF co-operates with developing countries in their efforts to address the needs of children. This co-operation is expected to be part of national development efforts, and its ultimate goal is to enable every child to enjoy the basic rights set out in the General Assembly's Declaration of the Rights of the Child. The Declaration emphasizes the right of children to protection and upbringing in a family and community environment designed to promote their health and well-being. The Declaration recognizes the intrinsic value of childhood, and of nurturing the imagination and spirit of the child. UNICEF believes all children should have the opportunity to reach their full potential and contribute to their country's development.

UNICEF is unique among the organizations of the United Nations system in its concern for a particular age group rather than a sectoral concern such as health or education. UNICEF not only seeks support for its programmes of co-operation, but also tries to increase public awareness of children's problems by advocacy – with governments, civic leaders, educators and the public at large. For this reason, UNICEF places great importance on its partnership with the National Committees for UNICEF and its relationships with non-governmental organizations.

Organization

While an integral part of the United Nations system, UNICEF's status is semi-autonomous. The Fund has its own governing body, the Executive Board, and a secretariat.

The Declaration of the Rights of the Child recognizes the intrinsic value of childhood, and of nurturing the imagination and spirit of the child. UNICEF believes all children should have the opportunity to reach their full potential and contribute to their country's development. A literacy and nutrition class in India.

UNICEF/051/83/Sprague

The Board is composed of 41 members, elected on the basis of annual rotation for three-year terms by the Economic and Social Council (ECOSOC) to give "due regard to geographical distribution and to the representation of the major contributing and recipient countries". The membership includes: nine African members, nine Asian, six Latin American, twelve Western European and others, and four Eastern European. The 41st seat rotates among these regional groups.

The Board establishes UNICEF policies, reviews programmes, and approves expenditures for UNICEF work in the developing countries and for operational costs. Except for extraordinary sessions, the Board meets for two weeks each year; it constitutes itself as a Programme Committee to consider programme recommendations, and as a Committee on Administration and Finance for operational matters. Executive Board reports are reviewed by ECOSOC and the General Assembly.

The Executive Director, who is responsible for the administration of UNICEF, is appointed in consultation with the Board by the United Nations Secretary-General. Since January 1980, the Executive Director has been Mr. James P. Grant.

UNICEF field offices are the key operational units for advocacy, advisory services, programming and logistics. Under the overall responsibility of the UNICEF Representative for the country, programme officers help relevant ministries and institutions to prepare and implement programmes in which UNICEF is co-operating. In 1984, UNICEF maintained 87 field offices serving more than 110 countries, with 427 professional and 1,075 clerical and other general service staff posts.

In 1984, 226 professional and 345 general service staff posts were maintained in Headquarters locations (New York, Geneva, Copenhagen, Tokyo and Sydney) to: service the Executive Board; develop and direct policy; manage finances and personnel; audit the organization's operations; provide information; and to conduct relations with donor governments, National Committees for UNICEF, and non-governmental organizations.

Although directed from New York, most of UNICEF's supply operations are located in Copenhagen where a new facility, the UNICEF Procurement and Assembly Centre (UNIPAC), was opened by Denmark's Queen Margrethe in September 1984.

UNICEF co-operation with developing countries

UNICEF co-operation is worked out with the government of the country, which administers and is responsible for the programme, either directly or through designated organizations.

UNICEF gives relatively greater support to programmes benefiting children in the least developed countries. In apportioning UNICEF's limited resources among countries, the 1983 Board decided that the infant mortality rate (IMR) should help "guide both the level and content of UNICEF programme co-operation". Now IMR is one of the principal determinants of the extent of UNICEF country assistance.

The problems of children require a flexible, country-by-country approach, and UNICEF endeavours to suit its co-operation to the development, and the cultural, social, geographic and administrative structure, of the country or area.

UNICEF seeks to help improve and extend community-level services benefiting children and the family, including water supply, health and nutrition, education and improvement in the situation of women. Help is given for the development of policy through advisory services or inter-country exchange of experience, through stipends for training and other orientation of national personnel for work at community level, as well as through procurement and delivery of supplies and equipment.

Programme co-operation is provided through a range of sectoral ministries or authorities, typically including those responsible for health, education, social services, agriculture, rural development, community development, and water supply and sanitation.

At community level, however, the causes of problems are often a combination of factors spanning the technical competencies of several ministries. Child malnutrition, for example, usually results from some combination of poverty, inadequate health services, and food shortage. Contributory causes range from inadequate birth spacing to impure water

UNICEF 751/84/Hetzer

In the drought-stricken Sahel, locally organized co-operatives dig wells and irrigate large gardens. UNICEF seeks to focus particularly on community self-help projects.

and rudimentary sanitation, or simply an improper diet. Since efforts in any one sector may fail without corresponding efforts in others, UNICEF recommends a multisectoral approach – one moreover which encompasses not only the technical elements but also the social dimensions of the problem being tackled.

Community-based services

As already noted, UNICEF seeks to focus particularly on services based in the community itself, planned and supported by – and responsible to – the people of that community.

Within that strategic focus, the overriding priority is for efforts which attack the continuing high rates of infant and young child death and disease. UNICEF believes it possible for the world to reduce the rate of infant and young child death and disability by at least half within a decade, an annual saving of perhaps seven million young lives worldwide. A major reason for this possibility is the growth of community-based services and the spread of community-level workers – paid or voluntary – who make those services work.

The community-based services approach derives from the experience of developing countries and is predicated on the conviction that progress is most realistically achieved where it is evenly spread and equitably shared by as much of the population as possible.

The conventional pattern for the expansion of services which benefit and protect children, the social development process, is a gradual spreading outwards from the centres of economic growth to the periphery, associated with – and paid for by – that economic growth. In most developing countries that model is unlikely to work for the majority of the population in any foreseeable future. The inevitable consequence is perpetuation of under-development and the unnecessary death and disability for tens of millions more children every year.

The alternative is to centre the development process instead on the community and the individual, through services based and maintained in the community – with support and encouragement from the peripheral and intermediate-level government services.

Typically under this model, the village or neighbourhood selects one or more of its members to serve as community workers after comparatively brief practical training, repeated and extended through refresher courses. Usually the connecting levels of government services also need to be strengthened, particularly with paraprofessionals, to provide the proper level of support.

The strategic focus on community-based services has particular relevance for the most cost-effective and practicable means of saving children's lives and protecting their health and growth.

Such means exist – better growth monitoring and weaning practices to detect malnutrition and to take remedial steps before it becomes serious, oral rehydration therapy to replace body fluids lost during diarrhoea, the encouragement of breast-feeding, and universal immunization – but they depend absolutely on the involvement of parents and communities. Parents, particularly mothers, are the child's first and most dependable line of defence.

Under this community self-help approach, the role of government and non-governmental organizations as well as of external co-operation, is to encourage communities to assess and help meet their children's needs, to strengthen technical and administrative support for family and community efforts, and to match community initiative and effort with money, appropriate technical help, supplies and training.

Relations within the United Nations system

UNICEF is part of the pattern of co-operative relationships linking the various organizations of the United Nations system. UNICEF also works with bilateral aid agencies and non-governmental organizations. Having financing from several such sources and drawing on different technical and operating skills in design and implementation can strengthen the effectiveness of a programme. Such relationships also help make maximum use of the funds at UNICEF's disposal. Indeed, while this financial contribution may be modest, the effect is frequently catalytic, providing a basis for larger-scale effort by testing and proving an approach, and thereby triggering substantial investments from other sources.

Collaboration within the United Nations system ranges from country-level sharing of expertise in the development of programmes requiring an inter-disciplinary approach, to systematic exchanges on policies and relevant experience. These exchanges occur through the machinery of the Administrative Committee on Co-ordination (ACC), as well as through periodic inter-secretariat meetings. Such meetings regularly take place, for example, with the World Bank, the United Nations Development Programme (UNDP), the Food and Agriculture Organization (FAO), and the United Nations Educational, Scientific and Cultural Organization (UNESCO). Agencies also discuss common concerns through the Consultative Committee on Policies and Programmes for Children which succeeded the inter-agency advisory group established during the IYC in 1979.

UNICEF benefits from the technical advice of UN specialized agencies – most notably the World Health Organization (WHO), but also including FAO, UNESCO, and the International Labour Organisation (ILO). UNICEF does not duplicate services available from the specialized agencies, but works with them, at the country level, to support programmes, particularly where social development ministries such as health and education are involved. In addition, the specialized agencies from time to time collaborate with UNICEF in preparing joint reports in particular programme areas. A Joint UNICEF/WHO Committee on Health Policy meets annually to advise on policies of co-operation in health programmes and undertakes periodic reviews.

UNICEF co-operates in country programmes with other funding agencies of the United Nations system, such as the World Bank, the United Nations Fund for Population Activities (UNFPA), and the World Food Programme (WFP). The Children's Fund also works with regional development banks and regional economic and social commissions on policies

and programmes benefiting children. Increasingly UNICEF also collaborates at field level with bilateral agencies to encourage the channelling of more resources into programmes which UNICEF cannot fund by itself.

When emergencies strike, UNICEF works with the Office of the United Nations Disaster Relief Co-ordinator (UNDRO), WFP, UNDP, the United Nations High Commissioner for Refugees (UNHCR), and other agencies of the United Nations system, as well as with the International Committee of the Red Cross and national Red Cross or Red Crescent Societies or their international body the League of Red Cross and Red Crescent Societies.

UNICEF representatives in the field work with the UNDP Resident Representatives, most of whom are designated by the Secretary-General as resident co-ordinators for operational activities. Although UNICEF is not an executing agency of UNDP, it exchanges information with all the agencies involved in UNDP country programme exercises.

Greeting cards

UNICEF's popular greeting cards, calendars and stationery items are a significant source of funds – US$14.8 million in 1983. The collaboration of National Committees for UNICEF, together with NGOs, banks, post offices, business firms, schools, supermarkets, and co-operatives, among others, is a significant part of the Greeting Card Operation's success. Such partnerships are the channels by which volunteers and the public at large can participate and contribute time or money to efforts for children. In 1983 more than 113 million cards were sold in some 130 countries.

Since 1949, more than 2,650 artists, photographers, leading museums and children from 140 countries have contributed reproduction rights for card designs.

The product line has broadened to include diaries, note paper and other stationery items, including some unique to the Greeting Card Operation, such as the handmade pressed-flower cards from Mauritius and the handcrafted cards made in Nepal. Local production of cards by more conventional means is now underway

UNICEF's Greeting Card Operation is focusing promotional materials on the child survival and development revolution.

in Canada as well as Brazil.

The Greeting Card Operation also is undertaking more advocacy, printing information and messages on child survival themes on products, as well as focusing promotional materials on the child survival campaign. The Greeting Card Operation is currently seeking to expand sales significantly through an Inter-regional Sales Development Programme (ISDP). This effort aims to recruit, develop and strengthen field sales organizations and volunteer networks in potential card sales areas. GCO's Marketing Section will provide professional marketing counsel and seek to increase demand through an expanded programme of marketing activities.

Relations with non-governmental organizations

UNICEF has always worked closely with the voluntary sector. Over the years, the organization has developed close working relationships with international non-governmental organizations (NGOs) concerned with the situation of children. Many of these organizations (professional, development assistance, service, religious, business, and labour among others) have become important supporters by providing a channel for advocacy for children by raising funds and by direct involvement in programmes.

National and local NGOs also are playing an increasingly important role through the emphasis on community-based services and popular participation. Many such organizations are more flexible and freer to respond to community-level needs, or are represented in places where services are either inadequate or non-existent. Such organizations, unlike UNICEF, can work directly with local communities and thus constitute a link between the community and government authorities. In certain situations, NGOs are designated by governments to carry out part of the programmes in which UNICEF is co-operating. Because of their access and flexibility, NGOs can test innovative projects which often provide a basis for expansion or adaptation.

NGOs also provide UNICEF with information, opinions and recommendations in fields where they have special competence, and in some cases undertake studies for, or with, UNICEF. Following one such special study on childhood disability undertaken by Rehabilitation International, a continuing partnership between the two organizations is reinforcing the efforts of both.

As a result of IYC, many NGOs – not all of them traditionally child-oriented – expanded efforts for children, including fund-raising and advocacy. UNICEF fosters these relationships by providing information and by encouraging joint programmes on issues affecting children in the developing as well as the industrialized world.

National Committees for UNICEF

The National Committees for UNICEF, predominantly organized in industrialized countries, play an important role in helping to generate a better understanding of the needs of children in developing countries and of the work of UNICEF. The committees, of which there are now 33, are concerned with

increasing support for UNICEF, either financially through the sale of greeting cards and other fund-raising activities, or in other ways through advocacy, education and information.

UNICEF generally receives about a sixth of its income from funds collected by the committees and from the Greeting Card Operation, for which the committees are the main sales agents.

Nevertheless, the priority for child survival, and the need for support – moral and political as well as financial – from the industrialized world, is causing committees to place new emphasis on the advocacy, education and information dimensions of their work. This is evident in the attention to substantive issues now being made available through the Greeting Card Operation and reaching out through the networks of committee volunteers. It is also manifest in the work of Goodwill Ambassadors Liv Ullmann, Danny Kaye and Peter Ustinov, lately joined by Tetsuko Kuroyanagi in Japan and Puerto Rican pop group Menudo – UNICEF's first "Youth Ambassadors" – all of whom work with the committees to raise public consciousness as well as considerable sums of money.

The committees' advocacy for children has been greatly helped in recent years by a closer relationship with UNICEF field operations. Committee members from many countries have undertaken collective study tours to developing countries to strengthen their first-hand knowledge of the development process and the special needs of children within that process. Committee advocacy with their own governments for increased assistance to meet these needs is an important function and benefits considerably from the personal experience gained through such missions.

Funding

All UNICEF income comes from voluntary contributions – from governments, organizations, and individuals. Most contributions are for UNICEF general resources. Others may be earmarked for supplementary projects approved, or "noted", by the Board, or for emergency relief and rehabilitation.

Although most of the funding is contributed by governments, UNICEF is not a "membership" organization with an "assessed" budget. Nevertheless, almost all countries, industrialized and developing, make annual contributions, which together account for some three-quarters of UNICEF's income.

As already noted, individuals and organizations are also an important source of funding, but they represent more than the sum of their contributions. As the "people to people" arm of the United Nations, UNICEF enjoys a unique relationship with private organizations and the general public around the world. Material support from the public comes through greeting card sales, individual contributions, the proceeds from benefit events (ranging from concerts to football matches), grants from organizations and institutions, and collections by school children. Such fund-raising efforts often are sponsored by the National Committees.

UNICEF – modest financial resources notwithstanding – is one of the largest sources of co-operation in national services and programmes benefiting children of the developing world. Nevertheless, its fund-raising is only part of a larger objective, namely encouraging a greater share of national and international resources to be directed to services bearing on the well-being of children of the developing world. It is in this sense that the long-standing and well-established reservoir of public support in the industrialized world constitutes a resource for advocacy and policy development more valuable than any financial importance it has or may attain.

UNICEF is working to increase funding both from traditional donors and other potential sources.

Information on the funds contributed by the recently created Arab Gulf Programme for United Nations Development Organizations (AGFUND) appears in the main Review chapter of this report. □

The Puerto Rican pop group Menudo – UNICEF's first "Youth Ambassadors" have, in collaboration with the National Committees for UNICEF, helped to raise public consciousness as well as considerable sums of money.

UNICEF 980/84/Mera

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